CITY OF EVANSTON
TRANSPORTATION NETWORK PROVIDER
TAX RETURN STATEMENT

Statement of Tax Receipts under the Provisions of City of Evanston, Municipal Code, Title 3, Chapter 2, "Transportation Network Provider Tax"

This return must be filed on or before the 20th day of the calendar month, succeeding the end of the monthly filing period. If the return is filed late, a penalty of 10% per month or part thereof is assessed. A single check may be issued for multiple locations; however, a separate tax statement is required for each store location and month.

Please mark an (X) on the appropriate month for payment:

☐ Quarter 1 (Jan–Mar) ☐ Quarter 2 (Apr–Jun) ☐ Quarter 3 (Jul–Sep) ☐ Quarter 4 (Oct–Dec)

Corporation / Partnership Name: _____

DBA: _____

Address of Business: _____

1) Number of taxable solo rides	
2) **Tax Amount Due:** (Multiply line 1 by 0.45)	**$**
3) Number of taxable shared rides	
4) **Tax Amount Due:** (Multiply line 3 by 0.20)	**$**
5) **Total Tax Amount Due:** (Add Lines 2 and 4)	**$**
If late, complete lines 6 through 8	
6) Late Fee Percentage: (Multiply line 5 by 0.10)	
7) Month(s) Delinquent	
8) **Total Penalty Due:** (Multiply lines 6 and 7)	**$**
9) **Total Tax and Penalty Due:** (Add lines 5 and 8)	**$**
10) Number of tax-exempt rides	

Under penalties as provided by law, the undersigned attests that this tax return is true and accurate to the best of his/her knowledge and belief, and is taken from the books and records of the business for which this is filed.

Print Name of Person Preparing Return: _____ **Title:** _____ **Phone Number:** _____

Signature: _____ **Date:** _____

Return this completed form along with a check for the tax due to:

The City of Evanston
Lorraine H. Morton City Hall,
ATTN: City Collector's Office
909 Davis Street
Evanston, IL 60201

Internal Use only:
100.15.1560.51600

www.cityofevanston.org/business/home-rule-taxes