CITY OF PEORIA, ILLINOIS
PEORIA SPORTS CENTER SERVICE (PSC) AREA TAX RETURN

DUE DATE: *Returns are filed* ***monthly*** *on the last day of the month following the reporting period, unless otherwise authorized. Even if no sales occur, you must submit a* ***zero*** *return.*

SECTION 1 – BUSINESS INFORMATION

City Assigned Taxpayer #: _____ Business # _____ Reporting Period: _____ TO _____

Business Name & DBA: _____

Mailing Address: _____

Location (If Different from Mailing): _____

SECTION 2 – SPECIAL SERVICE AREA HOTEL/MOTEL TAX – PSC

1. TAXABLE RECEIPTS (Gross Sales of Room Stays) $_____
2. AUTHORIZED DEDUCTIONS (Room Stays 30+ days) $_____
3. TOTAL TAXABLE RECEIPTS (Line 1 minus Line 2) $_____
4. AMOUNT OF TAX (Line 3 multiplied by 3%) $_____
5. LATE PENALTY (Line 4 multiplied by 3% per month late) $_____
6. TOTAL SPECIAL SERVICE AREA HOTEL TAX DUE $_____

SECTION 3 – SPECIAL SERVICE AREA SALES TAX – PSC

1. TAXABLE RECEIPTS (Line 3 of State of Illinois ST-1) $_____
2. AMOUNT OF TAX (Line 1 multiplied by 1%) $_____
3. LATE PENALTY (Line 2 multiplied by 3% per month late) $_____
4. TOTAL SPECIAL SERVICE AREA SALES TAX DUE $_____

SECTION 4 – CERTIFICATION

The undersigned certifies that this return is true and accurate to the best of their knowledge/belief and information provided is taken from the books and records of the business for which this return is filed.

Signature: _____ Date: _____

Printed Name: _____ Phone #: _____

Email Address: _____

Return completed Return and Payment to:

City of Peoria – Accounts Receivable, 419 Fulton St Rm. 111 Peoria, IL 61602

All Completed Returns must include a copy of the filed State of Illinois Tax Return of the corresponding reporting period.