



**TANGIBLE PERSONAL PROPERTY
TITLED OR REGISTERED TAX RETURN**

Office of the City Clerk - Business Services
150 W Jefferson St
Joliet, IL 60432-4158
Office: 815-724-3905 Fax: 815-724-3904
E-Mail: businessservices@jolietcity.org
Website: www.cityofjoliet.info

If the business has been closed, sold to a new entity or no longer incurs liability for taxes to the City of Joliet, please complete the following:

Date of Final Tax Return: _____

Date Business Closed: _____

Date Business Sold: _____

Old/Closing Owner Information:

Name: _____

Address: _____

Phone Number: _____

New Owner Information:

Name: _____

Address: _____

Phone Number: _____

E-Mail: _____

TO PAY BY CREDIT CARD:

MasterCard: _____ VISA: _____ Discover: _____

Account No. _____ - _____ - _____ - _____

Expiration Date: ____/____ Security Code: _____

Name and billing address on account:

Signature

MAKE CHECKS PAYABLE TO: CITY OF JOLIET
MAIL TO: City of Joliet - Taxes
150 W Jefferson St
Joliet, IL 60432-4158

Local business name and address in City of Joliet corporate limits:

Business Phone Number: _____

**TAX RETURN
FOR MONTH OF:** _____

Illinois State Tax Number (IBT)
_____ - _____ - _____

COMPUTATION OF TAXES – Titled/Registered

1) Total number of items sold _____

2) Computed Titled or Registered Item Tax (line 1 x \$7.50/item) _____

3) Late filing interest 2% per month (line 2 x 2% or 0.02) _____

4) Late filing penalty 5% (line 2 x 5% or 0.05) _____

5) Late payment penalty 5% (line 2 x 5% or 0.05) _____

6) **Total amount due** (sum of lines 2 – 5) _____

Taxes are due at the City of Joliet offices no later than the last day of the following month.

Under penalties provided by Ordinance, the undersigned certifies that this return is true and accurate and is taken from the books and records of the business for which the return is filed.

Name: _____

Address: _____

Phone Number: _____

Signature Date