

**CLAIM FOR REBATE-CITY SALES TAX
CITY of PEKIN, ILLINOIS**

INSTRUCTIONS: Complete the information and answer the questions below.
Mail this form and other required documents to:

Finance Department
111 South Capitol Street
Pekin, Illinois 61554-4108

Business Name: _____	Illinois Sales Tax Registration Number: _____
Owners Name: _____	Daytime Telephone Number: _____
Business Address: _____	

REBATE CLAIMED

1. Indicate which calendar quarter sales were made and rebate is claimed _____ Qtr 200____
(1st, 2nd, 3rd or 4th)
NOTE-Your claim must be filed on or before the last day of the month following the end of the quarterly filing period (1/31, 4/30, 7/31 or 10/31)

 2. Indicate the amount of rebate claimed (Omit Cents) \$_____

 3. Did you bear the burden of the tax? YES _____ NO _____

 4. List the evidence which you have available to verify that you bore the burden of the tax.
(copies of invoices, etc.). _____
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5. What is the total number of ITEMS which you sold during the calendar quarter where the sales price of the ITEM was \$1,000.00 or more for which you are claiming the tax rebate? _____

 6. What is the total sales value of the above items? \$_____

 7. Did you pay City of Pekin sales tax to the State of Illinois on the above ITEMS and at the above sales value?
YES _____ NO _____

 8. Did you reduce your rebate claim by the discount allowed by the State of Illinois for timely payment of tax?
YES _____ NO _____

Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct and complete.

_____/_____ Signature of Owner, Partner, or Officer of Claimant	_____ Printed Name	_____ Title of Signer	_____, 2_____ Date
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QUESTIONS: Phone: (309) 477-2305 or e-mail: breis@ci.pekin.il.us

CITY of PEKIN FINANCE DEPARTMENT USE ONLY

Date claim received: _____ **Claim verified and approved:** _____ **Date:** _____, 2____

Rebate paid: \$_____ **Accounting Code:** 100-990-5-681.00

Date Paid _____, 2____