



VILLAGE OF BOLINGBROOK RESTAURANT TAX REMITTANCE FORM

Date _____

Bolingbrook Business Name _____

Bolingbrook Business Address _____

Corporate Name _____

Remittance Month & Year _____

Gross Sales \$ _____

Tax Rate (1.5%) \$ _____

Late Fee (7½% after the 25th of month) \$ _____

Late Penalty (2% per month) \$ _____

Total Tax Due \$ _____

Special Event _____

Prepared By (Print Name) _____

Contact phone or email _____

PLEASE RETURN THE COMPLETED FORM AND PAYMENT TO:

Village of Bolingbrook
Finance Director's Office
375 W. Briarcliff Road
Bolingbrook, IL 60440
Attn: Restaurant Tax Remittance

ONLINE PAYMENTS ACCEPTED BY VISITING:
<https://bolingbrookil.portal.opengov.com/categories/1086>

The monthly tax return shall be filed with the Finance Department Director's Office by the twenty-fifth (25) day of the month for the preceding month's receipts. Penalties for late filing will be imposed according to the Village of Bolingbrook Ordinance 06-044, Section 8-2507, and Ordinance 08-036.