

**VILLAGE OF SKOKIE
SELF-STORAGE SURCHARGE
MONTHLY RETURN FORM**



Month/Year
Of Collection: _____

Due Date:
THE 20TH DAY OF THE FOLLOWING MONTH

Business Name _____
Business Address _____
Contact Name and Telephone _____

Illinois Business Tax (IBT) Number
For Skokie Business Location (from Illinois ST-1) _____

I declare that the information on this return is, to the best of my knowledge and belief, true, correct and complete. I further declare that the information set forth is taken from the official books and records for the business for which this return is filed.

Signature of Preparer

COMPUTATION OF SELF-STORAGE SURCHARGE LIABILITY

SPECIFIC DEFINITIONS CAN BE FOUND IN SECTION 98-380 OF THE SKOKIE VILLAGE CODE

1. Gross Rents Collected: _____
2. Computed Surcharge Liability:
(Line 1 x .05) _____
3. Administrative Commission:
(Line 2 x .01) _____
-- DOES NOT APPLY TO LATE FILINGS --
4. **Net Surcharge Due:**
(Line 2 minus Line 3) _____

Mail this completed return and check (payable to Village of Skokie), for the amount shown on line 4, along with a copy of the Illinois Department of Revenue form ST-1/ST-2 and any other supporting documentation to:

Village of Skokie
Attention: Collections Division
5127 W. Oakton Street
Skokie, Illinois 60077

*For ACH payments, contact 847/933-8243
Email for Remittance: TaxFilings@Skokie.org*