CITY OF OTTAWA



301 W. Madison St., Ottawa, IL 61350 Phone (815) 433-0161 Fax (815) 433-2270

This return filed for period: From _____to _____to

Due Date:		
Return and payment of tax shall be due on or before the 30 th day of the calendar month succeeding the end of the month filing period.		
1. TOTAL SALES (per line 6-3 of State Tax Fo	orm ST-556)	
2. TOTAL SALES SUBJECT TO OTTAWA USE TAX**		
3. OTTAWA USE TAX (line 2 x .005) (Total Tax)		
4. LATE FILING PENALTY (.05 x line 3)		
5. LATE PAYMENT PENALTY (.05 x line 3)		
6. INTEREST (.015 x line 3 for each month, or fraction thereof past due)		
7. PENALTIES AND/OR INTEREST FROM PREVIOUS MONTH (S)		
8. TOTAL DUE (add lines 3,4,5,6 & 7)		
Please make your check payable to City of Ott Name of Business	of Ottawa Use Tax Under penalty as provided by law, I declare that I have examined this return and to the best of my knowledge I believe it is true and correct.	
Address		
City State Zip	Signature	Date
Dealer #	Title	

^{**}Attach copies of form ST-556, which will equal the total sales amount reported on Line 2.