



VILLAGE OF HOFFMAN ESTATES
WHOLESALE VEHICLE PURCHASE TAX RETURN

For the month of: _____

Payment is due by the 20th day of the month following the month the return is for.

Business: _____

Address: _____

Phone: _____

1.	Number of Vehicles purchased at wholesale	1.	0
2.	Tax Rate (per Vehicle)	2.	\$7.00
3.	Tax Amount (Multiply line 1 by line 2)	3.	\$0.00
4.	Penalty for late payment (5% of line 3 if after due date)	4.	
5.	Total Tax and Penalty due (add lines 3 and 4)	5.	\$0.00

I hereby affirm that the statements herein contained are taken from the books and records of the above listed establishment and are true and correct to the best of my knowledge.

Return remittance with payment to:
Village of Hoffman Estates
Attn: Accounting Dept.
1900 Hassell Road
Hoffman Estates, IL 60169

_____ Date

_____ Signature

_____ Name

If you have questions or would like this form e-mailed to you, please call 847-843-4802.

_____ Title