

Carroll County Illinois

FOR OFFICE USE ONLY

Date Received _____

Retail Sales Tax Rebate Application

BUSINESS NAME	
MAILING ADDRESS	BUSINESS LOCATION
CITY OR TOWN, STATE, ZIP CODE	
BUSINESS PHONE NUMBER	TAX ID#
CONTACT NAME	CONTACT PHONE NUMBER

I do hereby attest to the following:

1. No retail sales tax for said business would have been paid to another unit of local government
2. No retail location within another unit of local government.
3. Said business is not in violation of Section 5-1014.3 of the Illinois Compiled Statutes. See attached
4. Said business has not relocated to the unincorporated area of Carroll County from any of the incorporated areas of Carroll County or from within any enterprise zone within Carroll County.

VERIFICATION

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in the application are true and correct.

Signature of Applicant

Date

Attached are all sales tax reports (ST-1) filed with the State of Illinois for the year of _____

Only one application per entity shall be permitted per calendar year and said application shall be submitted to the Carroll County Treasurer by March 1st to be eligible for a rebate for the preceding year.