



Illinois Department of Revenue
ST-2 Multiple Site Form
 Attach to Form ST-1.

REV 01
 FORM 009

Do not write above this line.

Account ID: _____ This form is for _____
(Reporting period)

You must round your figures to whole dollars. See instructions.

Site where the taxable sales were made

Location code _____
 Site name _____
 Site address _____

 City, state, ZIP _____

General merchandise
4a _____ X $\frac{\text{_____}}{\text{(rate)}}$ = **4b** _____
 Food, drugs, and medical appliances
5a _____ X $\frac{\text{_____}}{\text{(rate)}}$ = **5b** _____
 Receipts taxed at other rates
8a _____ **8b** _____

Location code _____
 Site name _____
 Site address _____

 City, state, ZIP _____

General merchandise
4a _____ X $\frac{\text{_____}}{\text{(rate)}}$ = **4b** _____
 Food, drugs, and medical appliances
5a _____ X $\frac{\text{_____}}{\text{(rate)}}$ = **5b** _____
 Receipts taxed at other rates
8a _____ **8b** _____

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 City, state, ZIP _____

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5a _____ X $\frac{\text{_____}}{\text{(rate)}}$ = **5b** _____
 Receipts taxed at other rates
8a _____ **8b** _____



Page totals
4a _____ **4b** _____
5a _____ **5b** _____
8a _____ **8b** _____