REV 02 FORM 078 E S ___/__/__ NS DP CA RC

ART-1 Automobile Renting Occupation and Use Tax Return

Account ID:	Reporting period:			Do not write above this line.
Owner's name:				
Business name:				
Mailing address:				
3				
You must round your fi	igures to whole dollars. See instructions.			
•	ire your taxable receipts			
1 Total receipt	ts (include tax)		1	
2 Deductions				
a Amount of	f taxes collected and included on Line 1 of the return	2a	_	
b Amount of	f rentals made to exempt organizations (see instructions)	2b		
c Amount of	f receipts from rentals under lease terms of more than one year			
d Amount of	f applicable interstate commerce deductions	2d		
	waivers of claims for loss or damage to vehicles rented (paid by the renter)	2e	_	
	f additional insurance coverage (paid by the renter)	2f		
	f the cost of refueling a rented automobile (paid by the renter)	2g		
h Identify ad	ditional qualifying deductions and enter the amount.			
Identify: 2	2h	2h	_	
	2i	2i		
	2j	2j		
	2k	2k		
Add Line 2	2a through 2k. The sum is your total deductions.		2	
3 Taxable rec	eipts (Subtract Line 2 from Line 1.)		3	
Step 2։ Figւ	ure your net tax and discount			
4 Illinois locat	tions (Automobile Renting Occupation Tax) Multi-site filers: a	complete Form ART-2 to obtain	Lines 4a and	b.
Enter receip	ots on Line 4a x for tax due on Line 4b.	4a	_ 4b	
5 Out-of-state	e rental locations to Illinois renters (Automobile Renting L	Jse Tax)		
Enter receip	ots on Line 5a x for tax due on Line 5b.	5a	_ 5b	
6 Net tax due	on receipts (Add Line 4b and Line 5b.)		6	
7 If you filed a	and paid by the due date, multiply Line 6 by 1.75% (.017	5).	_	
8 Net tax due	on receipts (Subtract Line 7 from Line 6.)		8	
Step 3։ Figւ	ure your other taxes Multi-site filers: complete Form ART-2	2 to obtain the lines below.		
	ity or municipal) tax			
	e 4a by Enter the result on Line 9.		9	
	it tax, if applicable			
Multiply Line	e 4a by Enter the result on Line 10.		10	
11 Metropolita	n Pier and Exposition Authority Tax, if applicable (See insi	tructions for Line 11 on back	(.)	
		11a	11b	
	ure your payment due			
12 Total tax on	receipts. (Add Lines 8, 9, 10, and 11b.)		12	
13 Excess tax				
	dd Line 12 and Line 13.)			
15 Credit amou			15	
16 Payment du	ue (Subtract Line 15 from Line 14.) Make your check payable to	Illinois Department of Revenue.	16	
Step 5: Sigr	n below			
	of perjury, I state that I have examined this return and, to the	ne best of my knowledge i	it is true co	rrect, and complete
z.iaci porianico	5. p.s., si, f. state that i have examined the retain and, to the	Jost of my knowledge, I		30t, and complete
Taxpayer's signature	Phone Date Preparer's	signature	Phone	Date

Mail your completed return and payment to: Illinois Department of Revenue, PO Box 19037, Springfield, IL 62794-9037

ART-1 (R-03/14)

