



**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 (rate) = 4b \_\_\_\_\_  
 Food, drugs, and medical appliances  
 5a \_\_\_\_\_ X (rate) = 5b \_\_\_\_\_  
 Receipts taxed at other rates  
 8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code \_\_\_\_\_  
 Site name \_\_\_\_\_  
 Site address \_\_\_\_\_  
 City, state, ZIP \_\_\_\_\_

General merchandise  
 4a \_\_\_\_\_ X (rate) = 4b \_\_\_\_\_  
 Food, drugs, and medical appliances  
 5a \_\_\_\_\_ X (rate) = 5b \_\_\_\_\_  
 Receipts taxed at other rates  
 8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code \_\_\_\_\_  
 Site name \_\_\_\_\_  
 Site address \_\_\_\_\_  
 City, state, ZIP \_\_\_\_\_

General merchandise  
 4a \_\_\_\_\_ X (rate) = 4b \_\_\_\_\_  
 Food, drugs, and medical appliances  
 5a \_\_\_\_\_ X (rate) = 5b \_\_\_\_\_  
 Receipts taxed at other rates  
 8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code \_\_\_\_\_  
 Site name \_\_\_\_\_  
 Site address \_\_\_\_\_  
 City, state, ZIP \_\_\_\_\_

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 Receipts taxed at other rates  
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Location code \_\_\_\_\_  
 Site name \_\_\_\_\_  
 Site address \_\_\_\_\_  
 City, state, ZIP \_\_\_\_\_

General merchandise  
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 Food, drugs, and medical appliances  
 5a \_\_\_\_\_ X (rate) = 5b \_\_\_\_\_  
 Receipts taxed at other rates  
 8a \_\_\_\_\_ 8b \_\_\_\_\_



Page totals  
 4a \_\_\_\_\_ 4b \_\_\_\_\_  
 5a \_\_\_\_\_ 5b \_\_\_\_\_  
 8a \_\_\_\_\_ 8b \_\_\_\_\_