



## 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

General merchandise  
 Location code \_\_\_\_\_ **4a** \_\_\_\_\_ X \_\_\_\_\_ = **4b** \_\_\_\_\_  
 Site name \_\_\_\_\_ Food, drugs, and medical appliances <sup>(rate)</sup>  
 Site address \_\_\_\_\_ **5a** \_\_\_\_\_ X \_\_\_\_\_ = **5b** \_\_\_\_\_  
 \_\_\_\_\_ Receipts taxed at other rates <sup>(rate)</sup>  
 City, state, ZIP \_\_\_\_\_ **8a** \_\_\_\_\_ **8b** \_\_\_\_\_

General merchandise

Location code \_\_\_\_\_ **4a** \_\_\_\_\_ X \_\_\_\_\_ = **4b** \_\_\_\_\_  
 Site name \_\_\_\_\_ Food, drugs, and medical appliances <sup>(rate)</sup>  
 Site address \_\_\_\_\_ **5a** \_\_\_\_\_ X \_\_\_\_\_ = **5b** \_\_\_\_\_  
 \_\_\_\_\_ Receipts taxed at other rates <sup>(rate)</sup>  
 City, state, ZIP \_\_\_\_\_ **8a** \_\_\_\_\_ **8b** \_\_\_\_\_

General merchandise

Location code \_\_\_\_\_ **4a** \_\_\_\_\_ X \_\_\_\_\_ = **4b** \_\_\_\_\_  
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 \_\_\_\_\_ Receipts taxed at other rates <sup>(rate)</sup>  
 City, state, ZIP \_\_\_\_\_ **8a** \_\_\_\_\_ **8b** \_\_\_\_\_

General merchandise

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 Site name \_\_\_\_\_ Food, drugs, and medical appliances <sup>(rate)</sup>  
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 \_\_\_\_\_ Receipts taxed at other rates <sup>(rate)</sup>  
 City, state, ZIP \_\_\_\_\_ **8a** \_\_\_\_\_ **8b** \_\_\_\_\_

General merchandise

Location code \_\_\_\_\_ **4a** \_\_\_\_\_ X \_\_\_\_\_ = **4b** \_\_\_\_\_  
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 Site address \_\_\_\_\_ **5a** \_\_\_\_\_ X \_\_\_\_\_ = **5b** \_\_\_\_\_  
 \_\_\_\_\_ Receipts taxed at other rates <sup>(rate)</sup>  
 City, state, ZIP \_\_\_\_\_ **8a** \_\_\_\_\_ **8b** \_\_\_\_\_

**4b** \_\_\_\_\_**5a** \_\_\_\_\_ **5b** \_\_\_\_\_**8a** \_\_\_\_\_ **8b** \_\_\_\_\_