

**CITY OF BATAVIA**  
**MONTHLY SINGLE BAG USE FEE RETURN**  
 Effective July 1, 2023

Month \_\_\_\_\_ Year \_\_\_\_\_

Due Date: The 25th day of the month following collection

Payee Name (Owner/Company): \_\_\_\_\_

Local Business Name (DBA) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Business Location Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**COMPUTATION OF TAX LIABILITY**

|   |    |
|---|----|
| 1. Number of Single Use Bags Used   |    |
| 2. Less Bags provided to IL Food Assistance Program                           |    |
| 3. Net Bags Used for which Fee is applicable                                  |    |
| 4. Net Bags X 10 cents = Total Fees Collected (Line 3 X .10)                  | \$ |
| 5. Total Fees Collected Retained by Retailer (Line 4 X .40)                   | \$ |
| 6. Total Fees Due City (less Retailer's portion Line 4 - Line 5)              | \$ |
| 7. Late Payment Penalty: 2% if Paid after the 25 <sup>th</sup> (line 6 X .02) | \$ |
| 8. Total Fees (and Penalty if applicable) Due (Add Lines 6 & 7)               | \$ |

*Under penalties of perjury and other penalties provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.*

\_\_\_\_\_  
 Signature of Preparer/Date

Please consider filing and paying this fee online at [xpressbillpay.com](http://xpressbillpay.com) If filing a paper return, please mail return and check to:

City of Batavia  
 Attn: Accts. Receivable, Single Use Bag Fee  
 100 N. Island Avenue  
 Batavia, Illinois 60510

For Questions, contact Batavia Finance Department at 630-454-2032.