FOOD AND BEVERAGE TAX
MONTHLY RETURN FORM

TAX PERIOD: _____

BUSINESS NAME AND ADDRESS:

_____

_____

_____

PHONE: _____

PREPARER NAME AND ADDRESS:

_____

_____

_____

PHONE: _____

COMPUTATION OF TAX LIABILITY:

1. Gross Sales of Food & Beverage _____
2. Gross Sales of Packaged Alcohol, Spirits, Wine and Beer _____
3. **Total Sales Subject to Tax (Add Lines 1 & 2)** _____
4. Food and Beverage Tax (Line 3 x 1%) _____
5. Late Payment Penalty (Line 4 x 2% per month) Months Late _____ _____
6. **Total Tax and Penalty Due (add Lines 4 & 5)** _____

Please note: Taxes are due by the 20th day of the month following the end of your reporting period.

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 for the busines for which this is filed.

SIGN HERE:

_____ _____

Signature of Preparer Date Signature of Taxpayer Date

MAIL ORIGINAL COPY OF COMPLETED RETURN AND CHECK FOR AMOUNT SHOWN ON LINE 6 LINE 6 ALONG WITH COPY OF ILLINOIS DEPARTMENT OF REVENUE FORM ST-1 OR ST-2 TO:

Village of Vernon Hills
Food and Beverage Tax Returns
290 Evergreen Drive
Vernon Hills, Illinois 60061
Fax: 847-367-0880 | Phone: 847-367-3700