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 month the taxes are collected.

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