



FOOD & BEVERAGE TAX RETURN FORM

For Month Ending: _____

Due Date: **On or before the 25th of subsequent month**

Payee Name (Corporate/Company)
And Address (Mailing Address):

Business Name (DBA)
And Address (Business Location):

Phone: _____

Phone: _____

COMPUTATION OF TAX LIABILITY

1.	Total Sales Subject to Tax		_____
2.	Food and Beverage Tax	(Line 1 x 1%)	_____
3.	Less: 2% Service Fee	(Line 2 x 2%)	(-) _____
(2% is only applicable if payment is received on or before the 25 th of subsequent month)			
4.	Plus Penalty if Past Due	(Line 2 x 1%)	(+) _____
5.	Amount Due	(Line 2 Less Line 3 Plus Line 4)	(=) _____

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

Signature of Taxpayer

Date

Preparer Phone Number: _____

Please mail this completed return, a check in the amount shown on line 5, and a copy of the Illinois Department of Revenue Form ST-1 and ST-2, if applicable, to:

**Village of Downers Grove
801 Burlington Avenue
Downers Grove, IL 60515**

**Attn: Finance Dept., Food & Beverage Tax
Phone: 630-493-8875
Fax: 630-434-5571
Email: Foodandbeveragetax@downers.us**