Customer Acct #: _____

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)

Payee Telephone _____

Business Telephone _____

COMPUTATION OF TAX LIABILITY

1.	**Total Sales Subject to Tax**	*(Line 3 on ST-1 or 4a on ST-2)*		
2.	**Food and Beverage Tax**	**(Line 1 x 1%)**		**$ 0.00**
3.	**Less: 2% Service Fee** *(2% is only applicable if payment is received on or before the 25th of subsequent month)*	**(Line 2 x 2%)**	**(-)**	**$ 0.00**
4.	**Plus Penalty if Past Due**	**(Line 2 x 1%)**	**(+)**	
5.	**Amount Due**	**(Line 2 - Line 3 + Line 4)**	**(=)**	**$ 0.00**

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's Telephone _____ **Preparer's Email** _____

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

Village of Downers Grove
c/o Finance Dept., Food & Beverage Tax
801 Burlington Avenue
Downers Grove, IL 60515
Tel: (630) 493-8810
Email: foodandbeveragetax@downers.us

Return the following:

[ ] Village Tax Form
[ ] IL ST-1 and/or ST2
[ ] Check in amount shown on line 5