



City of Park City

FOOD AND BEVERAGE TAX RETURN FORM

3355 Belvidere Road Park City, Illinois 60085 Telephone: (847)623-5030 Fax: (847)662-0119

Steve Pannell
Mayor

FOOD AND BEVERAGE TAX RETURN FORM

For Tax Period Ending: _____
(The tax period ends on the last day of the month)

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

Payee Name (Business Owner/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 2%) _____
- 3. Less: 1% Filing Fee (Line 2 x 1%) (-) _____
(1% is only applicable if payment is received on or before the 25th of subsequent month)
- 4. Plus Penalty if Past Due (Line 2 x 5%, and 2% for each month) (+) _____
- 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: _____

A copy of the Illinois Department of Revenue Form ST-1 and ST-2, if applicable, must accompany this food and beverage tax return. The completed tax return and payment should be mailed to:

City of Park City
Attn: City Treasurer, Food and Beverage Tax
3355 Belvidere Road
Park City, IL 60085
Phone: (847) 623-5030

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