

*Village of South Barrington*  
**Food and Beverage Tax Return Form**

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**PREPARED FOOD AND BEVERAGE TAX RETURN for Month Ending:**

Returns are due the 20<sup>th</sup> of each month for the preceding month.

Illinois Business Tax Number: \_\_\_\_\_ Due Date: \_\_\_\_\_

BUSINESS NAME AND ADDRESS:

BILLING NAME AND ADDRESS (If different):

Business Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

For above address: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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**COMPUTATION OF TAX**

- 1 Gross receipts from sale of prepared food and alcoholic beverages exclusive of all Taxes ..... \$ \_\_\_\_\_
  
- 2 Prepared Food and Beverage Tax - 1.50% of line 1 (Multiply line 1 by 0.0150)..... \$ \_\_\_\_\_
  
- 3 Late Payment Penalty – 2.00% per month or portion thereof if filed after due date if applicable. (Multiply line 2 by 0.02 times the number of months past due) ..... \$ \_\_\_\_\_
  
- 4 TOTAL AMOUNT of tax due (Sum of lines 2 and 3) ..... \$ \_\_\_\_\_

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**Attach to this form:**

- Copy of your Illinois Department Of Revenue Form ST-1
- Check payable to Village of South Barrington

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Provide the requested information below if the above business no longer incurs liability for the Food and Beverage Tax:

\_\_\_\_\_ Business Sold/Discontinued \_\_\_\_\_  
Print or type – New owner's name Date

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UNDER PENALTIES PROVIDED BY ORDINANCE, I hereby affirm that the statements herein contained are taken from the books and records of the above establishment and are true and correct to the best of my knowledge.

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Print Name and Title \_\_\_\_\_ Phone \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to:**

**Village of South Barrington, Attn: Treasurer Office, 30 S. Barrington Rd, South Barrington, IL 60010**