

**VILLAGE OF PALATINE, ILLINOIS
FOOD AND BEVERAGE TAX RETURN**

TAX PERIOD: _____

CUSTOMER # _____

BUSINESS NAME AND ADDRESS:

COMPUTATION OF TAX LIABILITY

- | | | |
|----|--|-------|
| 1. | Gross sales of food and beverages | _____ |
| 2. | Gross sales of packaged beer, wine & liquor | _____ |
| 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) | _____ |

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.

SIGN HERE:

_____	_____	_____	_____
Signature of Preparer	Date	Signature of Taxpayer	Date

**MAIL ORIGINAL COPY OF COMPLETED RETURN AND CHECK FOR AMOUNT SHOWN ON LINE 6
ALONG WITH A COPY OF ILLINOIS DEPARTMENT OF REVENUE FORM ST-1 OR ST-2 TO:**

**Village of Palatine
Attn: Food & Beverage Tax
200 E. Wood St.
Palatine, IL 60067
(847) 359-9088**