



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

TAX PERIOD:

DUE DATE:

CUSTOMER #

MAILING ADDRESS:

BUSINESS 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) _____
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) 359-9081

You can also email your tax return and ST-1 or ST-2 forms to Foodbeverage@palatine.il.us