



MONTH/YEAR OF COLLECTION: _____

FOOD AND BEVERAGE TAX REMITTANCE FORM

DUE ON THE 20TH DAY OF THE FOLLOWING MONTH

Payer Name: _____
Address: _____
City/State/ZIP: _____
Phone: _____
E-Mail: _____

Business Name: _____
Local Business Address: _____
City/State/ZIP: _____
Phone: _____
Illinois Business Tax (IBT) # : _____

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 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.

 Printed Name _____
 Title

 Signature _____
 Date

COMPUTATION OF TAX LIABILITY			
1.	Gross Food and Beverage Receipts	\$	-
2.	1% Food and Beverage Tax (Line 1 x .01)	\$	-
3.	Timely Filing Discount (Line 2 x .02)	\$	-
4.	Net Tax Due (Line 2 minus Line 3)	\$	-
5.	Late Pay Penalty (Line 2 x .02) x _____ months late	\$	-
6.	Total Tax Due (Line 4 + Line 5)	\$	-

- Make check payable to the Village of West Dundee
 - Please do not staple check to tax return
 - Mail this completed and signed return, the check for the amount shown on line 6, and a copy of Illinois Department of Revenue Form ST-1 to:**
- Village of West Dundee**
Attn. Food and Beverage Tax
102 S. Second Street
West Dundee, IL 60118

Questions? Call 847-551-3800