



# Village of Bannockburn

## Food & Beverage Tax Payment Form

2275 Telegraph Road • Bannockburn, IL 60015 • (847-945-6080)

Calendar Month and Year for Which Tax Return Applies: \_\_\_\_\_

Payee Name (Corporate/Company)  
And Address (Mailing Address)

Business Name (DBA)  
And Address (Business Location)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

### COMPUTATION OF TAX LIABILITY

- |  |          |
|--|----------|
| 1. Gross Sales of Food and/or Beverages  | \$ _____ |
| 2. Food and Beverage Tax Due (line 1 multiplied by 1.0%)   | \$ _____ |
| 3. Less: Line 2 multiplied by 2% if paid before the 25 <sup>th</sup> day of the month due              | \$ _____ |
| 4. Plus: Penalty, if paid 7 days after the 25 <sup>th</sup> day of the month due, ( Line 2 × 10%)      | \$ _____ |
| 5. Plus: Interest, if paid 30 days after the 25 <sup>th</sup> day of the month due (Line 2 x 1%/month) | \$ _____ |
| 6. <b>Total Due (Line 2 less Line 3 plus Lines 4 and 5)</b>  | \$ _____ |

I hereby affirm that the information presented in this return is taken from the books and records of the above named business and is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature and Title of Individual Preparing Return

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Date

**The information being provided is deemed confidential and will not be released unless the business approves the release**

**Due Date: The completed tax return and payment of the tax liability must be received by the Village or postmarked on or before the 20th day of the calendar month succeeding the end of the monthly reporting period.**

**Instructions: A copy of the Illinois Department of Revenue Form ST-1 must accompany this food and beverage tax return.**

Return Form to:

Village of Bannockburn  
Stephanie L. Hannon - Finance Director  
2275 Telegraph Road  
Bannockburn, IL 60047  
Telephone: 847-945-6080 x 222