FOOD & BEVERAGE TAX RETURN FORM

Downtown Business

For Tax Period Ending: _____ Due Date: **On or before the 20th of subsequent month**

Payee Name (Corporate/Company) And Address (Mailing Address):	Business Name (DBA) And Address (Business Location):
_____	_____
_____	_____
_____	_____
_____	_____
Phone: _____	Phone: _____

COMPUTATION OF TAX LIABILITY

1.	Total Sales Subject to Tax			_____
2.	Food and Beverage Tax	**(Line 1 x 2.0%)**		_____
3.	Less: 2% Filing Fee Deduction (2% deduction is only applicable if payment is received on or before the 20th of subsequent month)	(Line 2 x 2%)	(-)	_____
4.	Plus Penalty if Past Due	(Line 2 x 5%)	(+)	_____
5.	**Amount Due**	(Line 2 Less Line 3 Plus Line 4)	(=)	_____

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.

Signature of Preparer	Date	Signature of Taxpayer	Date

Preparer Phone Number: _____

Please mail this completed return, a check in the amount shown on line 5, and a copy of the Illinois Department of Revenue Form ST-1 and ST-2, if applicable, to:

City of Naperville
400 S. Eagle Street
Naperville, IL 60540
Attn: Finance Dept., Food & Beverage Tax
Phone: 630-420-4115
Fax: 630-305-6226

Revised 11/17/15 LMH