

CITY OF DECATUR

Food and Beverage Tax Return

Pursuant to Decatur City Ordinance No. 2002-77

Business DBA Name/Location Address

Filing Month _____

Illinois Business Tax (IBT) # _____ - _____

Owner Name/Mailing Address (if different)

* If reporting multiple locations on one tax return, you must attach **Multiple Location Reporting** form.

Computation of Food & Beverage Tax Liability

- | | | |
|---|---|--|
| 1. Taxable sales of prepared food and beverage and alcoholic beverages (<i>for most businesses this will be Line 3 of ST-1</i>) | * | |
| 2. 2% Food & Beverage Tax (line 1 x .02) | | |
| 3. Penalty for late payment (line 2 times 2% per month) | | |
| 4. Total Tax to be remitted (Add lines 2 and 3) | | |

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct and complete.

Signature of Taxpayer

Signature of Preparer

Title Com

pany Name

Date Signed

Telephone Number

Date Prepared

Telephone Number

DUE: Before the last day of the month following the filing month.

Make check payable to: **City of Decatur**

Mail completed and signed tax return along with payment for the amount shown on line 4 to:

City of Decatur Auditor
 Finance Department
 #1 Gary K Anderson Plaza
 Decatur, IL 62523

Questions? Call (217) 424-2854
 City website and tax forms:
www.decaturlil.gov