



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