

**CITY OF ELMHURST  
FOOD AND BEVERAGE TAX  
Monthly Remittance Form**

Month / Year  
of Collection: \_\_\_\_\_

Due Date:  
**The 20<sup>th</sup> Day of the Following Month**

Payee Name, Address & Telephone  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local Business Name, Address & Telephone  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Illinois Business Tax (IBT) Number for Elmhurst  
Business Location (from Illinois ST-1)

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 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

**COMPUTATION OF FOOD AND BEVERAGE TAX LIABILITY**

Retail Sale of Food and Beverage includes all food, alcoholic and non-alcoholic beverages which is prepared for immediate consumption and which may be consumed either on and/or off the premise. Retail sales of packaged alcoholic liquor at any packaged liquor establishment is also included.

- |  |          |
|--|----------|
| 1) Gross Sales of food and beverages, including packaged liquor.       | \$ _____ |
| 2) Elmhurst Food and Beverage Tax<br>Line 1 X 1% (.01)                 | \$ _____ |
| 3) Late payment penalty of 5%  | \$ _____ |
| 4) Total tax and penalty(s), if applicable, due<br>(add lines 2 and 3) | \$ _____ |

Mail this completed return and check for amount shown on line 4 to:

Finance Department  
City Of Elmhurst  
209 N. York Street  
Elmhurst, IL 60126

If there are any questions or you need additional forms, please call the City of Elmhurst at (630) 530- 3117 or visit the City of Elmhurst homepage at [www.elmhurst.org/elmhurst/finance/](http://www.elmhurst.org/elmhurst/finance/) .