



FOOD & BEVERAGE SALES TAX RETURN

For filing of \_\_\_\_\_ quarter Due on or before \_\_\_\_\_
Name of Business \_\_\_\_\_
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
(Address to which form should be sent if different from above)
Illinois State Sales Tax Registration No. \_\_\_\_\_

FOOD & BEVERAGE SALES TAX UNDER TITLE 7, CHAPTER 12 OF THE CARBONDALE REVISED CODE

Table with 2 columns: Description and Amount. Rows include: 1. Total gross receipts from sales of prepared food and beverages, exclusive of any taxes; 2. 2% Food and Beverage Sales Tax; 3. Penalty if filed late: 5% per month or part thereof; 4. Correction of prior period return(s); 5. TOTAL TAX TO BE REMITTED.

If this is a final return or there has been a change in ownership, complete the following

Business Sold [ ] Date \_\_\_\_\_ Business Discontinued [ ] Date \_\_\_\_\_
New owner's name \_\_\_\_\_
New owner's residence address \_\_\_\_\_
Former owner's residence address \_\_\_\_\_

NOTE

This return must be filed on or before the 20th day of the calendar month succeeding the end of the quarter filing period. If the return is filed late, a penalty is assessed at the rate of 5% per month, or portion thereof, for as long as the return remains outstanding. Please attach a copy of your Illinois Department of Revenue ST-1 return as support documentation.

Make check payable to: CITY OF CARBONDALE

Mail return with check to: CITY OF CARBONDALE FINANCE DEPARTMENT P.O. BOX 2947 CARBONDALE, IL 62902-2947

Under penalties as provided by law, I declare that I have examined this return, including any accompanying schedules and statements and to the best of my knowledge and belief, it is true and complete. I further declare that the information is from the books and records of the business for which this return is filed.

Signature of Taxpayer

Signature of person, other than Taxpayer, preparing this form

Title

Name of Firm or Employer

Date Signed Telephone No.

Date Prepared Telephone No.