



VILLAGE OF GLENDALE HEIGHTS

FOOD AND BEVERAGE TAX

300 CIVIC CENTER PLAZA

GLENDALE HEIGHTS, IL 60139

(630) 909.5342

Food and Beverage Tax Return

Business Name: _____

Address: _____

Doing Business As: _____

Tax Reporting Period: _____

FEIN: _____

Taxes must be paid by the 20th day of the month following the reporting period (normally every month, unless you are filing Sales Tax Returns with the State of Illinois on a quarterly or annual basis).

COMPUTATION OF TAX LIABILITY

1.	Sales subject to tax	_____
2.	Amount of Tax (Line 1 X 1%)	_____
3.	Less: Commission if Tax Paid on Time (Line 2 X 1%)	_____
4.	Plus: Late Payment Penalty (Line 2 X 5%)	_____
5.	Total Payment Due (Line 2 minus Line 3 Plus Line 4)	_____

Please make checks payable to the "Village of Glendale Heights" and mail your return and tax payment to Village of Glendale Heights, at the address above. Please enclose a copy of the Sale and Use Tax Return, Form ST-1 that coincides with this return.

Under penalties of perjury and other penalties as provided by law, I declare that I have examined this return and to the best of my knowledge and belief, the information on this return is true, correct and complete. I further declare that the information set forth herein is taken from the books and records of the business for which this return is filed.

Signature of Taxpayer _____ Date _____

Printed Name & Title _____ Phone Number _____

Signature of Preparer _____ Date _____