

VILLAGE OF ARLINGTON HEIGHTS
33 S. ARLINGTON HEIGHTS ROAD, ARLINGTON HEIGHTS IL, 60005
847-368-5501

Invoice Number
Account Number

PREPARED FOOD AND BEVERAGE TAX RETURN for the Month Ending:

ILLINOIS TAX NUMBER:

Due Date:

BILLING NAME AND ADDRESS

BUSINESS NAME AND ADDRESS

COMPUTATION OF TAX LIABILITY

- | | | |
|--|----|-------|
| 1. Gross receipts from sale of prepared food and alcoholic beverages exclusive of all Taxes | \$ | _____ |
| 2. Prepared Food and Beverage Tax. 1.25% of line 1 (Multiply line 1 by 0.0125) | \$ | _____ |
| 3. Late Payment Penalty - 10.00% per month or portion thereof if filed after due date if applicable. (Multiply line 2 by 0.1000 times the number of months past due) | \$ | _____ |
| 4. Total amount of tax due (Sum of lines 2 and 3) | \$ | _____ |

Attach a copy of your Illinois Department of Revenue form ST-1 and your check payable to the Village of Arlington Heights. Returns are due the 20th of each month for the preceeding month.

PLEASE RETURN ONE COPY OF THIS RETURN WITH YOUR CHECK.

Provide the requested information below if the above business no longer incurs liability for the Food and Beverage Tax:

_____ Business Sold / Discontinued _____
(Date)

(New Owner's Name - Please Print or Type)

UNDER PENALTIES PROVIDED BY ORDINANCE, I hereby affirm that the statements herein contained are taken from the books and records of the above establishment and are true and correct to the best of my knowledge.

(Signature) _____
(Date)

(Name - Please Print or Type) _____
(Title)