



# Food & Beverage Tax Return

(Pursuant to Village of Gurnee Municipal Code Chapter 74)

Return for the Month and Year of: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

FEIN/SS#: \_\_\_\_\_ IBT#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- 1. Gross receipts from the sale of prepared food and alcoholic beverages exclusive of all taxes: \$ \_\_\_\_\_
- 2. Total tax due (Line 1 x 1%): \$ \_\_\_\_\_
- 3. If filed after due date, add 5% penalty\* (Line 2 x 5%): \$ \_\_\_\_\_
- 4. Total Amount Due to Village (Lines 2 + 3): \$ \_\_\_\_\_

Is the required copy of the State of Illinois Sales Tax Return (Form ST-1) attached? YES NO  
If NO, please explain: \_\_\_\_\_

*\*Tax is due on or before the 20<sup>th</sup> of the month after incurrence, i.e., January return and tax remittance is due on or before February 20<sup>th</sup>.*

*Failure to accurately and timely report and remit Food and Beverage Tax may result in penalties, including, but not limited to, fines and legal proceedings.*

I hereby affirm that the statements herein contained are true and correct to the best of my knowledge and belief:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Authorized Official      Date      Print Name & Title of Official

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Preparer & Date      Print Name & Title of Preparer

\_\_\_\_\_  
Mailing Address of Preparer      City      State      Preparer's Phone Number

**Remit to: Village of Gurnee  
Attn: Revenue Collection  
325 N. O'Plaine Road  
Gurnee, IL 60031  
Phone: 847.599.7500**