



CITY OF OAKBROOK TERRACE

17W 275 Butterfield Road
Oakbrook Terrace IL 60108
(630) 941-8300
FAX (630) 941-7254
www.oakbrookterrace.net
Attn: City Treasurer

Places for Eating & Alcoholic Beverage Tax Return

Business Name _____
Business Address _____ Phone Number _____
IL Sales Tax ID # _____ Federal Tax ID # _____
Reporting Period _____ to _____
Date Due _____ Date Paid _____

Taxes must be paid by the 20th day of the month following the reporting period

- | | | |
|---|--|----------------------|
| 1 | Gross Sales for reporting period (should agree with IL ST-1, Line3) | <input type="text"/> |
| 2 | Sales not subject to Tax | <input type="text"/> |
| 3 | Total Taxable Gross Receipts (Subtract Line 2 from Line 1) | <input type="text"/> |
| 4 | Amount of Tax (Multiply Line 3 x 0.015) | <input type="text"/> |
| 5 | Credit for Business District Sales Tax paid for the Reporting Period | <input type="text"/> |
| 6 | Amount of Tax after Credit (Subtract Line 5 from Line 4) | <input type="text"/> |
| 7 | Penalty for late payment (Multiply Line 6 by 0.05 if paid after 20th day of subsequent month) | <input type="text"/> |
| 8 | Interest for late payment (If paid after the 20th day of the subsequent month, (multiply Line 6 by the number of days elapsed since tax was due, divide by 3042) | <input type="text"/> |
| 9 | Total Due (Add Lines 6, 7 and 8) | <input type="text"/> |

Under penalties of perjury, I hereby certify that the information set forth in this return is taken from the books and records of the Place for Eating for which this return is filed and is true and accurate to the best of my knowledge and belief.

Signature

Printed Name

Title

Date