



CITY OF OAKBROOK TERRACE

17W 275 Butterfield Road
Oakbrook Terrace IL 60181
(630) 941-8300
FAX (630) 617-0036
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

The Illinois Department of Revenue ST-1 Sales and Use Tax Form must be attached to this return.