



CITY OF O'FALLON
FOOD and BEVERAGE TAX RETURN
Ordinance #3898 (Effective 1/1/16)

Month/Year of Collection: \_\_\_\_\_

Due Date: On or before the last day of the following month

Business Name (DBA)
Business Location

Payee Name (Corporate/Company)
Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

COMPUTATION OF FOOD & BEVERAGE TAX LIABILITY

- 1. Taxable receipts from the sale of prepared food & alcoholic beverages
Net of all taxes (Line 4A of IL Dept of Rev form ST1 or ST2 multi-site) \$ \_\_\_\_\_
2. Deduct sales of non food & beverage items included on Line 1 \$ \_\_\_\_\_
Provide detail on separate sheet
3. Net Food & Beverage receipts (Line 1 less Line 2) \$ \_\_\_\_\_
4. Municipal Tax Liability (Line 3 \* .01) \$ \_\_\_\_\_
5. 10% Late Filing Penalty (Line 4 \* .10) \$ \_\_\_\_\_
6. Interest for late filing - 1.25% each month from date of delinquency: # Months \_\_\_\_\_
Line 4 \* .0125 \* # Months listed above \$ \_\_\_\_\_
7. Total Tax and Penalties Due (add lines 4, 5 and 6) \$ \_\_\_\_\_

I hereby affirm that the information presented in this return is taken from the books and records of the above named business and is true and correct to the best of my knowledge.

Signature of Taxpayer Date

Signature of Preparer Date

Phone #

Phone #

Email Address

Email Address

- Make the check payable to: City of O'Fallon
Submit the form and payment on line at www.ofallon.org (Pay My Bill) OR
Mail this completed & signed form, the check and a copy of IL Dept of Rev Forms ST1, ST2 (where applicable), and Schedule A to:
City of O'Fallon
Finance Department
255 South Lincoln
O'Fallon, IL 62269