

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)