VILLAGE OF BROOKFIELD

Places for Eating 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)	
2	Sales not subject to tax	
3	Total Taxable Receipts (Subtract Line 2 from Line 1)	
4	Amount of Tax (Multiply Line 3 x 0.01)	
5	Penalty for late payment (Multiply Line 4 by 0.05 if paid after 20th of subsequent month	
6	Interest for late payment (If paid after the 20th of the subsequent month, (multiply Line 4 by the number of days elapsed since tax was due, divide by 365, and multiply by 0.09)	
7	Total Due (Add Lines 4, 5 and 6)	

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