



CITY OF COUNTRYSIDE

RESTAURANT & OTHER PLACES FOR EATING TAX RETURN FORM

**Payor Name (Corporate/Company)
and Address (Mailing Address):**

**Business Name (DBA)
and Address (Business Location):**

Phone: _____

Phone: _____

Local Retailers' Illinois Business Tax (IBT) number for the
City of Countryside business locations (from Form ST-1):

For the Tax Period Beginning: _____

and Ending: _____

COMPUTATION OF TAX LIABILITY

1 Total Sales		_____
2 Less: Sales Not Subject to Tax		_____
3 Taxable Sales	(Line 1 - Line 2)	_____
4 Food & Beverage Tax	(Line 3 x 1%)	_____
5 Less: 1% discount if payment received on or before due date	(Line 4 x 1%)	_____
6 AMOUNT DUE	(Line 4 - Line 5)	_____

MAKE CHECKS PAYABLE TO: THE CITY OF COUNTRYSIDE

TAX DUE ON OR BEFORE THE 20TH OF THE SUBSEQUENT MONTH OR A PENALTY WILL BE ASSESSED.

Under penalties of perjury and other penalties provided by law I declare that I have examined this return and to the best of my knowledge and belief it is complete and accurate. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

Signature of Preparer

Date

Signature of Taxpayer

Date

Phone Number: _____

Phone Number: _____

Mail this completed return, a check for the amount due, and a copy of the Illinois Department of Revenue Form ST-1 and ST-2, if applicable, to:

**City of Countryside
Finance Department
803 Joliet Rd
Countryside, IL 60525
708-485-2465**