



Finance Department • 102 N Neil St • Champaign IL 61820 • (217) 403-8940 • fax (217) 403-8995 • www.ci.champaign.il.us

FOOD & BEVERAGE TAX REMITTANCE FORM

ILLINOIS DEPT. OF REVENUE REGISTRATION

BUSINESS NAME:

MAILING ADDRESS:

BUSINESS ADDRESS (if different from above):

THIS FORM FILED FOR PERIOD BEGINNING _____ AND ENDING _____

1. SALES OF PREPARED FOOD FOR IMMEDIATE CONSUMPTION AND CERTAIN ALCOHOLIC BEVERAGES:
(Do not include any taxes; should agree with Line 3 St-1) _____

DEDUCTIONS:

- A. Sales at locations outside Champaign, and sales exempt from F & B tax (e.g. gasoline, cigarettes, t-shirts) _____
- B. Amounts Purchased by Employees at Cafeterias _____
- C. Purchases from entities excluded from the definition of food service establishment _____
- D. Alcoholic Beverages NOT CONSUMED ON PREMISES _____

TOTAL DEDUCTIONS: _____

NET TAXABLE SALES: _____

2. Food & Beverage Tax (Net taxable sales multiplied by .005) _____

3. **COLLECTION FEE: SUBTRACT** Collection fee of 1.75% if filed timely (Line 2 multiplied by .0175) _____

4. **PENALTY: ADD** penalty of 2% per month, or portion thereof, if filed late. _____

NOTE: Payment is due within twenty days of reporting period.

TOTAL PAYMENT DUE: (Line 2 minus Line 3; or Line 2 plus Line 4) _____

Under penalties of perjury as provided by law, I attest that I have examined this return and to the best of my knowledge and belief, it is true and correct. The information provided here is proprietary commercial & financial information and disclosure would cause competitive harm.

Signature Date

* Please make checks payable to: **City of Champaign**
* Mail this signed form along with tax payment to the address listed above

<p>ST-1 "Sales and Use Tax and E911 Surcharge Return" form or ST-2, if applicable.</p> <p><input type="checkbox"/> <i>check box if attached</i></p>
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