



EATING ESTABLISHMENT TAX RETURN

FOR CALENDAR MONTH: _____

Business Name: _____

Doing Business As: _____

Local Address: _____

FEIN: _____

Taxes must be paid by the 20th day of the month following the reporting period.

1. Gross Sales (Should agree with your submitted IL ST-1 or IL ST-2) 1. _____
2. Deduction of Sales Not Subject to Tax (T-shirts, etc) 2. _____
3. Taxable Receipts (Line 1 minus Line 2) 3. _____
4. Amount of Tax (Multiply Line 3 by 1%) 4. _____
5. Commission if Paid on Time (Multiply Line 4 by 1%) 5. _____
6. Economic Incentive Credit (Include the credit, to the best of your knowledge, if applicable) 6. _____
7. **Total Payment Due** (Line 4 minus Line 5 minus Line 6) 7. _____

Please remit payment for the amount shown in Line 7, along with an original copy of this report. Make checks payable to the Village of Itasca, attn: Village Clerk. ALL FIGURES ARE SUBJECT TO AUDIT.

Under penalties as provided by law, I declare that I am the authorized person and to the best of my knowledge and belief, the information on this return is true, correct, and complete.

DATED this _____ day of _____, 20_____

By _____

Title _____