



## EATING ESTABLISHMENT TAX RETURN

FOR CALENDAR MONTH: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Doing Business As: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
FEIN: \_\_\_\_\_

*Taxes must be paid by the 20<sup>th</sup> day of the month following the reporting period.*

- |   |          |
|---|----------|
| 1. Gross Sales (Should agree with IL ST-1, Line 3)  | 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. <b>Total Payment Due</b> (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 \_\_\_\_\_