CITY OF COUNTRYSIDE

RESTAURANT & OTHER PLACES FOR EATING
TAX RETURN FORM

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

_____

_____

_____

_____

Phone: _____

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

_____

_____

_____

_____

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

Phone Number: _____

_____

Signature of Taxpayer Date

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
5550 East Avenue
Countryside, IL 60525
708-485-2465

Revised 07/02/09