

**VILLAGE OF LINCOLNWOOD, ILLINOS**  
**MONTHLY PREPARED FOOD AND BEVERAGE TAX RETURN**  
**Effective MAY 1, 2008**

Month/Year  
 Of Collection: \_\_\_\_\_

**Due Date:**  
**The 20th day of the following Month**

Payer Name, Address & Telephone

Local Business Name, Address &  
 Telephone

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Illinois Business Tax (IBT) Number for  
 Lincolnwood Business Location (from ST-1)

# \_\_\_\_\_

**COMPUTATION OF PREPARED FOOD & BEVERAGE TAX LIABILITY**

- |   |          |
|---|----------|
| 1) Gross Sales of prepared food and beverages<br>(for most businesses this will be Line 3 of<br>Form ST-1)                              | _____    |
| 2) Lincolnwood Prepared Food and Beverage<br>Tax<br>(Line 1 X 1%(\$0.01))   | \$ _____ |
| 3) Retailer's Discount – 1%<br>If you filed and paid timely, deduct 1% of line #2   | \$ _____ |
| 4) Late payment penalty:<br>Interest charge of 1% per month _____<br>Late Filing Penalty of 5% _____<br>Late Payment Charge of 5% _____ | \$ _____ |
| 5) Total tax, interest and penalty(s) due   | \$ _____ |

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 true, correct and complete. 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

Mail this completed return and check for amount shown on line 5 along **with copy of Illinois Department of Revenue form ST-1 (not the attachment to form ST-1)** to:

Finance Department  
 Village of Lincolnwood  
 6900 N. Lincoln Ave.  
 Lincolnwood, IL. 60712

Should you have any questions or if you need an additional form, you may call the Village of Lincolnwood at (847) 673-1540.