



CITY OF URBANA
 COMBINED REPORT OF TAX COLLECTED UPON THE SALE OF FOOD & BEVERAGE
 FOR IMMEDIATE CONSUMPTION & PACKAGE ALCOHOLIC LIQUOR

CITY OF URBANA BUSINESS ACCOUNT # _____ STATE OF ILLINOIS REGISTRATION # _____

BUSINESS NAME _____

MAILING ADDRESS _____

BUSINESS NAME OTHER _____

(If Different From Above)

THIS FORM FILED FOR PERIOD BEGINNING _____ AND ENDING _____

SECTION I: FOOD BEVERAGE:

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

2. DEDUCTIONS:

- A. Receipts Not Subject to Food and Beverage Tax (General Merchandise, Grocery) A _____
- B. Sales Outside City of Urbana B _____
- C. Tax Exempt Organizations C _____
- D. Amounts Purchased by Employees at Cafeterias D _____
- E. Purchases by Patients at Hospitals Or Residential Care Units E _____
- F. Alcoholic Beverages NOT CONSUMED ON PREMISES (package liquor) F _____

TOTAL DEDUCTIONS: (SUM A through F) 2 _____

3. NET TAXABLE SALES: (Line 1 less Line 2) 3 _____

4. FOOD/BEVERAGE TAX: (Line 3 multiplied by .01) 4 _____

SECTION II: PACKAGE LIQUOR:

5. PACKAGE LIQUOR SALES (Line F) 5 _____

6. PACKAGE LIQUOR TAX (Line 5 multiplied by .01) 6 _____

SECTION III: TOTAL TAX DUE:

7. TOTAL TAX DUE: (SUM Lines 4 and 6) 7 _____

8. LATE PENALTY: ADD penalty of 2% per month, line 7 multiplied by .02, if filed late. (Payment is due within thirty days of reporting period) 8 _____

9. TOTAL PAYMENT DUE: (SUM Line 7 and 8) 9 _____

Mail payment and form to: City of Urbana, 400 S. Vine St., Urbana, IL 61803-0219 Contact: Heather Williams (217)384-2350; hmwilliams@urbanaininois.us

Under penalty, as provided by law, I declare that I have examined this return and to the best of my knowledge and belief, it is true and correct.

 Date Signature/Title Phone Number

Typed or Printed Signature & Title _____