

FOOD & BEVERAGE FOR IMMEDIATE CONSUMPTION & PACKAGE ALCOHOLIC LIQUOR SALES REMITTANCE FORM



CITY OF
URBANA

CITY OF URBANA BUSINESS ACCOUNT: # _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

REMITTANCE CHECKLIST

- ☐ List Business # + Attach ST-1/ST-2 form
- ☐ Remit 2% Food/Beverage Tax-Start 3/1/2020 sales
- ☐ Remit 3% Package Liquor Tax-Start 7/1/2019 sales
- ☐ Include check with form
- ☐ Sign form - include email address
- ☐ Remit by the 30th of the month after collected

ILLINOIS BUSINESS TAX #: _____

BUSINESS ADDRESS: _____

TAX COLLECTION PERIOD BEGINNING _____ AND ENDING _____

SECTION I: FOOD BEVERAGE:

1. SALES OF PREPARED FOOD FOR IMMEDIATE CONSUMPTION AND CERTAIN ALCOHOLIC BEVERAGES:

(Do not include any taxes; should agree with Line 3 ST-1)

1 _____

- A. Class R license holders indicate alcoholic
beverage sales included in Line 1

A _____

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

F _____

ON PREMISES (Section II Package Liquor)

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 .02)

4 _____

SECTION II: PACKAGE LIQUOR:

5. PACKAGE LIQUOR SALES (Line F)

5 _____

6. PACKAGE LIQUOR TAX (Line 5 multiplied by .03)

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 30 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, Illinois 61801 Questions contact: (217) 384-2448 or finance@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 _____ EMAIL ADDRESS _____ PHONE _____

Typed or Printed Signature & Title _____

City Use Only: Check# _____

Date: _____