

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



CITY OF
URBANA

CITY OF URBANA BUSINESS ACCOUNT: # _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

BUSINESS ADDRESS: _____

TAX COLLECTION PERIOD BEGINNING _____ **AND ENDING** _____

REMITTANCE CHECKLIST

List Business # + Attach ST-1/ST-2 form
Remit 1.5% Food/Beverage Tax
Remit 3% Package Liquor Tax-Start 7/1/19 sales
 Include check with form
 Sign form – include email address
 Remit by the 30th of the month after collected

ILLINOIS BUSINESS TAX #: _____

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)

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 ON PREMISES (Section II 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 .015) 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: Theresa Hoffman (217) 384-2350 or mehigar@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: