



**CITY OF NORTH CHICAGO
FOOD AND BEVERAGE TAX RETURN**
(Effective 10-06)

***Must be received by the City or postmarked on or before the 20th of
the calendar month succeeding the end of the month filing period***

Calendar Month for Which Tax Return Applies: _____

Name of Establishment: _____

Business Address: _____

Phone Number: _____

COMPUTATION OF TAX LIABILITY

- 1. Gross receipts from the sale of prepared food
and alcoholic beverages exclusive of all taxes (Line 3 of ST-1), (Line 4a on ST-2).....\$ _____
- 2. Food and Beverage Tax Liability (Line 1 multiplied by 1.0%)..... \$ _____
- 3. Penalty: Interest (5.0% of line 2 per month or fraction thereof)..... \$ _____
- 4. Total Due the City of North Chicago (add lines 2 and 3)..... \$ _____

Is the required copy of the State of Illinois Sales Tax Return Form ST-1 or ST-2 attached?.....
If not, please explain _____

IL Retailer's Occupation Tax ID Number (Sales Tax Number)..... _____

I hereby affirm that the information presented in this return is taken from the books and records of the
above named business and is true and correct to the best of my knowledge.

Signature and Title of Individual Preparing Return

Date

Print Name of Individual Preparing Return

Telephone #

**Due Date: The completed food and beverage tax return and payment of the tax liability must be
received by the City or postmarked on or before the 20th day of the calendar month succeeding
the end of the month filing period.**

The completed tax return and payment should be mailed to:

**City of North Chicago
Comptroller's Department – Food and Beverage Tax
1850 Lewis Avenue
North Chicago, IL 60064**

**Any questions regarding the food and beverage tax should be directed to the Finance Department at 847-596-8635
Forms available at www.northchicago.org**