VILLAGE OF HOFFMAN ESTATES

FOOD & BEVERAGE AND PACKAGE LIQUOR TAX REMITTANCE FORM

	(Office use only)
Date Paid:	
Amt. Paid:	
Postmark:	
Check #:	

Title

-000	Connec	For the Month Ending:			Check #:		
Business N	Jame:	Tor the Month Ending.					
						_	
	ame (dba):					_	
Address				Phone			
City	Hoffman Es	states	State _	<u>IL</u>	Zip		
Name of P	reparer						
Address				Phone			
City				State, Zip			
		Computation	n of Tax Liabili	ity:			
			Food & B	<u>everage</u>		Package Liquor	
1.	Gross Rece	ipts	\$			\$	
2.	Tax Rate			2%		3%	
3.	Gross Tax (line 1 multiplied by Tax Rate)	\$			\$	
4.	Late Payme	ent Penalty (line 3 multiplied by 2%)	\$			\$	
5.	Total Amou	unt Due (line 3 plus line 4)	\$			\$	
Please r made pa (state sa Your rer when the must be the mon remittan Affirmat	ayable to the \ales tax return mittance must e taxes are co received by the the 20th ce must be po tion enalties provide	unts indicated on line 5 above. A sing /illage of Hoffman Estates. This form) for the corresponding period must ac be received by the Village at the addrollected. If the 20th of the month falls on the next business day. However, a pay of the month falls on a Sunday or na estmarked by the next business day.	and a copy of company your ress shown belon a Sunday or yment sent by tional holiday when the statements	the Illinois Dep remittance. ow by the 20th r holiday when mail must be p when the U.S. I	artment of F of the mont the Village I ostmarked r Postal Servi	Revenue Form ST-1 h following the month Hall is closed, payment no later than the 20th of ce is closed, the	
records	or the above t	ousiness and are true and correct to the	ie best of my k	nowledge.			
Retu	_	ith Payment and copy of ST-1 to:	-		Do	to	
Village of Hoffman Estates Attn: Food & Beverage Tax			<u>-</u>	Date			
1900 Hassell Road Hoffman Estates, IL 60169				Signature			
Fax: 847-843-4822 Rev. October 2013 Phone: 847-843-4812					Printed Name		

(Forms available online at www.hoffmanestates.org)