



VILLAGE OF HOFFMAN ESTATES

(Office use only)

FOOD & BEVERAGE AND PACKAGE LIQUOR TAX REMITTANCE FORM

Date Paid: _____
Amt. Paid: _____
Postmark: _____
Check #: _____

For the Month Ending: _____

Business Name: _____

Mailing Name (dba): _____

Address _____ Phone _____

City Hoffman Estates State IL Zip _____

Name of Preparer _____

Address _____ Phone _____

City _____ State, Zip _____

Computation of Tax Liability:

Table with 3 columns: Description, Food & Beverage, Package Liquor. Rows include Gross Receipts, Tax Rate (2% and 5%), Gross Tax, Late Payment Penalty, and Total Amount Due.

Remittance Instructions

Please remit the amounts indicated on line 5 above. A single check for both amounts is acceptable. Checks should be made payable to the Village of Hoffman Estates.

Your remittance must be received by the Village at the address shown below by the 20th of the month following the month when the taxes are collected.

Affirmation

Under penalties provided by ordinance, I hereby affirm that the statements contained herein are taken from the books and records of the above business and are true and correct to the best of my knowledge.

Return Original with Payment and copy of ST-1 return to:

Village of Hoffman Estates
Attn: Food & Beverage Tax
1900 Hassell Road
Hoffman Estates, IL 60169
Fax: 847-843-4822

Rev. August 2016 Phone: 847-843-4805

(Forms available online at www.hoffmanestates.org)

Date

Signature

Printed Name

Title