

## **VILLAGE OF HOFFMAN ESTATES**

## **FOOD & BEVERAGE TAX REMITTANCE FORM**

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

ANIV.C.	TO GREAT				Postmark:	
	31135	For the Month Ending:			Check #:	
Business N	Name:					
Mailing N	ame (dba):					
ivialilig ivi	unic (aba).					
Address				Phone		
City	Hoffman E	states	State	IL	Zip	
Name of F	Prenarer					
rame or r	Теригет					
Address				_ Phone _		
City				State, Zip		
		Computation	n of Tay Liah	ility		
1.	Computation of Tax Lia			, ,		
1.	Gross Food & Beverage Receipts			\$		
2.	Gross Tax - 2% of Line 1			\$		
3.	Late Payment Penalty (line 2 multiplied by 2%)			\$		
4.	Total Amount Due (line 2 plus line 3)			\$		
Remitta	ance Instruct	ions				
form an		ount indicated on line 4 above. Checks be Illinois Department of Revenue Form ittance.				
when th must be the mon	e taxes are control to the taxes are control to the taxes are taxe	t be received by the Village at the addrollected. If the 20th of the month falls of the next business day. However, a pay h of the month falls on a Sunday or na ostmarked by the next business day.	on a Sunday yment sent b	or holiday whe y mail must be	n the Village Hall is closed, pa postmarked no later than the	ayment 20th of
Affirma	tion					
		ided by ordinance, I hereby affirm that business and are true and correct to the			erein are taken from the book	s and
Return	-	Payment and copy of ST-1 return to: ge of Hoffman Estates			Date	
Attn: Food & Beverage Tax				Date		
		900 Hassell Road				
Hoffman Estates, IL 60169 Fax: 847-843-4822				Signature		
		ax: 847-843-4822 one: 847-843-4812				
(Form		nline at www.hoffmanestates.org)			Printed Name	
Rev. August 2010				Titlo		

Title