



CITY OF ROLLING MEADOWS
FOOD AND BEVERAGE TAX RETURN

Collection Period: Mo _____ Yr _____ Due Date: The 20th of Every Month

Business Name: _____ Phone No: _____

Business Address: _____

Preparer's Name and Address: _____

Illinois Business Tax (IBT) No. for Rolling Meadows Business Location (from ST-1): _____

Computation of Tax Liability

- 1. Gross Sales of Taxable Food and/or Beverages..... \$ _____
2. Food and Beverage Tax Due (Line 1 multiplied by .02)..... \$ _____
3. Penalties & Interest if Paid After the Due Date:
a. Late Payment Penalty (5% of Line 2) \$ _____
b. Late Filing Penalty (5% of Line 2) \$ _____
c. Interest (1.5% per mo on taxes and penalties) \$ _____
d. Total Penalties and Interest (sum of a, b, and c)..... \$ _____
4. Total Due the City of Rolling Meadows (add lines 2 and 3d)..... \$ _____

I hereby affirm that I have examined this return and, to the best of my knowledge and belief, the information presented is true, accurate, and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.
Signature and Title of Taxpayer Date
Preparer (if other than taxpayer) Phone No.

Mail this completed return, a copy of the Illinois Department of Revenue Form ST-1 (and ST-2 when applicable), and a check for the amount due from Line 4 to:

Finance Department
City of Rolling Meadows
3600 Kirchoff Road
Rolling Meadows, IL 60008-2498

Should you have any questions, or need additional forms, you may call the City of Rolling Meadows Finance Department at 847/394-8500.