

CITY OF DECATUR

Food and Beverage Tax Return

Pursuant to Decatur City Ordinance No. 2002-77

Business DBA Name/Local Address

Filing Month _____

Illinois Business Tax (IBT) # _____

Corporate Name/Mailing Address (if different)

* If reporting multiple locations on one tax return, you must attach **Multiple Location Reporting** form.

Computation of Food & Beverage Tax Liability	
1. Total receipts from sale of food, beverage and alcoholic beverage sales (Do not include taxes)	* _____
2. Less receipts from soft drinks	- _____
3. Taxable sales (Subtract line 2 from line 1)	_____
4. 2% Food & Beverage Tax (Line 3 x .02)	_____
5. Penalty for late payment (Line 4 times 2% per month)	_____
6. Total Tax to be remitted (Add lines 4 and 5)	_____

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct and complete.

Signature of Taxpayer

Signature of Preparer

Title

Company Name

Date Signed

Telephone Number

Date Prepared

Telephone Number

****TAX DUE IN THE FINANCE OFFICE BEFORE THE LAST DAY OF THE MONTH FOLLOWING THE FILING MONTH****

Make Check Payable To: City of Decatur

Mail this completed and signed return along with payment for the amount shown on line 6 to:

City of Decatur
Finance Department
#1 Gary K Anderson Plaza
Decatur, IL 62523

Questions? Call 217-424-2854
City website and tax forms:
www.ci.decaturn.il.us