

**CITY OF DECATUR**  
**Food and Beverage Tax Return**  
Pursuant to Decatur City Ordinance No. 2002-77

**Business DBA Name/Location Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Filing Month \_\_\_\_\_

Illinois Business Tax (IBT) # \_\_\_\_\_ - \_\_\_\_\_

**Owner 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. Taxable sales of prepared food and beverage and alcoholic beverages ( <i>for most businesses this will be Line 3 of ST-1</i> ) | * _____ |
| 2. 2% Food & Beverage Tax (line 1 x .02)  | _____   |
| 3. Penalty for <b>late payment</b> (line 2 times 2% per month)  | _____   |
| 4. <b>Total Tax to be remitted</b> (Add lines 2 and 3)  | _____   |

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

**DUE: Before the last day of the month following the filing month.**

➤ Make check payable to: **City of Decatur**

➤ Mail completed and signed tax return along with payment for the amount shown on line 4 to:

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

Questions? Call (217) 424-2854  
City website and tax forms:  
[www.ci.decaturnil.us](http://www.ci.decaturnil.us)