



## UNITED CITY OF YORKVILLE PLACES OF EATING TAX RETURN

Collection Period: Month \_\_\_\_\_ Year \_\_\_\_\_

**Due Date: The 20th of Every Month, following  
the Collection Period**

Business Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Business Address: \_\_\_\_\_

Preparer's Name and Address: \_\_\_\_\_

Illinois Business Tax (IBT) No. for Yorkville Business Location (from ST-1): \_\_\_\_\_

### **Computation of 1% Places of Eating Tax Liability**

1. Gross Sales of Taxable Food and/or Beverages..... \$ \_\_\_\_\_

2. Food and Beverage Tax Due (Line 1 multiplied by .01)..... \$ \_\_\_\_\_

3. Penalties if Paid After the Due Date:

a. If more than 60-days late, add \$100 Penalty. Additional \$100 penalty for every 30-days thereafter. \$ \_\_\_\_\_

4. Total Due the United City of Yorkville (add lines 2 and 3a)..... \$ \_\_\_\_\_

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:**

**United City of Yorkville  
Attn: Finance Department  
651 Prairie Pointe Drive  
Yorkville, Illinois 60560**

Should you have any questions, please call the United City of Yorkville at (630) 553-8534.