



# City of Freeport, Illinois

## Office of Finance and Budget

314 W. Stephenson Street

Freeport, Illinois 61032

Telephone (815) 297-1300

Facsimile (815) 599-5819

### Food and Beverage Tax Return

1.25% TAX

For Month of: January-17

Due by: February 20, 2017

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

MAIL TO: 

FINANCE DEPARTMENT 314 West Stephenson Freeport, IL 61032
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This return, along with a payment equal to line 2 below, is due to the Finance Department on or before the due date indicated on this form. If the return and appropriate payment is not received by the due date, a 10 percent penalty may be imposed on the total tax due. An additional interest penalty may be assessed at the rate of 2 percent per thirty-day period, or portion thereof for each day of delinquency.

IBT# \_\_\_\_\_

1. Amount of food and beverage sales subject to tax: \$ \_\_\_\_\_  
2. Multiply Line 1 by .0125 (Total tax due to City): \$ \_\_\_\_\_

**A copy of Form ST-1 "Sales and use Tax" must accompany this return.**

<b>If there have been business changes since your last return, please complete the following:</b>	
_____ Last Tax Return. Business was discontinued on _____	
_____ Ownership has changed: _____	New Owner: _____
	Address: _____
	Date of Change: _____
_____ Other changes. _____	

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Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_



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### Food and Beverage Tax Return

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For Month of : February 2017

Due by: March 20, 2017

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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1.25% TAX

For Month of : March-17

Due by: April 20, 2017

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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For Month of : April-17

Due by: May 20, 2017

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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For Month of : May-17

Due by: June 20, 2017

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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MAIL TO: 

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Name: \_\_\_\_\_  
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