

City of Carbondale Finance Department 200 S. Illinois Avenue Carbondale, Illinois 62901 Phone (618) 457-3277 Fax (618) 457-3283 Explorecarbondale.com

FOOD & BEVERAGE SALES TAX RETURN

For filing of quar	rtar of year	Due on or before				
For filing of quarter of year		Due on or before				
Name of business		Illinois State Sales Tax Registration No.				
Business Address						
Mailing Address (Address to which form should be sent if different from above)						
FOOD & BEVERAGE SALES TAX UNDER						
TITLE 7, CHAPTER 12 OF THE CARBONDALE REVISED CODE						
Total gross receipts from sa	\$					
taxes	Ф					
2% Food & Beverage Sales Tax			\$			
Penalty if filed late: 5% per month or part thereof			\$			
Correction of prior period r	\$					
Total tax to be remitted	\$					
If this is a final return or there has been a change in ownership, complete the following						
Business Sold	Date	Business Discontinued	Date			
New owner's name						
New owner's residence address						
Former owner's residence address						

NOTE: This return must be filed on or before the 20th day of the calendar month succeeding the end of the quarter filing period. If the return is filed late, a penalty is assessed at the rate of 5% per month, or portion thereof, for as long as the return remains outstanding. Please attach a copy of your Illinois Department of Revenue ST-1 Return as support documentation.

Mail ST-1 Return, Sales Tax Return and payment to City of Carbondale, Finance Department, PO Box 2947, Carbondale, Illinois 62902-2947

Under penalties as provided by law, I declare that I have examined this return, including any accompanying schedules and statements and to the best of my knowledge and belief, it is true and complete. I further declare that the information is from the books and records of the business for which this return is filed.

Signature of Taxpayer		Signature of person, other than Taxpayer, preparing this form	
Title		Name of Firm or Employer	
Date signed	Phone	Date prepared	Telephone