

City of O'Fallon, Illinois
Finance Office
255 S. Lincoln Ave.
O'Fallon, Illinois 62269
(618) 624-4500

Food & Beverage Tax Return

Statement of tax receipts under the provisions of Ordinance No. 3453
Municipal Code of O'Fallon

Name of Business: _____

Address: _____

Contact Person: _____

Telephone Number: _____

Tax return for the month of: _____

1. Gross Receipts from Sales of Food & Beverages _____

2. Deduction for receipts from food & beverage
not prepared for immediate consumption _____

3. Net Receipts (Item 1 less item 2) _____

4. Amount of Municipal Tax Due (1% of Item 3) _____

5. Penalty (if delinquent) 10% of Item 4 _____

6. Interest (if delinquent) 1 1/4% per month from
the date due _____

7. Total tax due (Items 4, 5 & 6) _____

**Please attach a copy of the Illinois Department of Revenue ST-1 Sales and Use
Tax Return**

Taxpayer Phone Date

Preparer Phone Date