



CITY OF O'FALLON  
FOOD and BEVERAGE TAX RETURN  
Ordinance #3898 (Effective 1/1/16)

Month/Year of Collection: \_\_\_\_\_

**Due Date: On or before the last day of the following month**

Business Name (DBA)

Business Location

Payee Name (Corporate/Company)

Mailing Address

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

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

**COMPUTATION OF FOOD & BEVERAGE TAX LIABILITY**

1. Taxable receipts from the sale of prepared food & alcoholic beverages  
Net of all taxes (Line 4A of IL Dept of Rev form ST1 or ST2 multi-site) \$ \_\_\_\_\_
2. Deduct sales of non food & beverage items included on Line 1 \$ \_\_\_\_\_  
*Provide detail on separate sheet*
3. Net Food & Beverage receipts (Line 1 less Line 2) \$ \_\_\_\_\_
4. Municipal Tax Liability (Line 3 \* .01) \$ \_\_\_\_\_
5. 10% Late Filing Penalty (Line 4 \* .10) \$ \_\_\_\_\_
6. Interest for late filing - 1.25% each month from date of delinquency: # Months \_\_\_\_\_  
Line 4 \* .0125 \* # Months listed above \$ \_\_\_\_\_
7. **Total Tax and Penalties Due (add lines 4, 5 and 6)** \$ \_\_\_\_\_

I hereby affirm that the information presented in this return is taken from the books and records  
of the above named business and is true and correct to the best of my knowledge.

\_\_\_\_\_  
*Signature of Taxpayer* *Date*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Signature of Preparer* *Date*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Email Address*

- ➡ Make the check payable to: City of O'Fallon
- ➡ Submit the form and payment on line at [www.ofallon.org](http://www.ofallon.org) (Pay My Bill) OR
- ➡ Mail this completed & signed form, the check and a copy of IL Dept of Rev Forms **ST1, ST2** (where applicable), and **Schedule A** to:  
City of O'Fallon  
Finance Department  
255 South Lincoln  
O'Fallon, IL 62269