



Prepared Food and Beverage Tax Monthly Remittance Form

Collection Period: Month _____ Year _____ Due Date: The 20th Day of the Following Month

Business Name: _____

Business Address: _____

Preparer's Name: _____ Preparer's Telephone: _____

Village of Deerfield Customer ID #: _____

Computation of Prepared Food and Beverage Tax Liability

Line 1	State of Illinois Taxable Receipts (Line 3 of IDOR ST-1).....	\$ _____
Line 2	Village of Deerfield Deductions, if applicable (from Schedule FB, Line 5).....	\$ _____
Line 3	Village of Deerfield Taxable Receipts (subtract Line 2 from Line 1).....	\$ _____
Line 4	Village of Deerfield Prepared Food and Beverage Tax (Line 3 times 1% (.01).....	\$ _____
Line 5	Late Payment Penalty Interest charge of 2% per month.....	\$ _____
Line 6	Total Tax and Penalty, if applicable (Line 4 plus Line 5).....	\$ _____

Mail this completed return and check for the amount shown on Line 6, along with a copy of the Illinois Department of Revenue Form ST-1 to:

Village of Deerfield
Food and Beverage Tax Returns
850 Waukegan Road
Deerfield, Illinois 60015

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 Preparer

Date

Should you have any questions or need additional information, please call the Village of Deerfield at 847.945.5000

Business Name: _____

Schedule FB – Deductions

Section 1: Exempt Sales and Miscellaneous Deductions

- | | |
|--|----------|
| 1. Sales of packaged liquor for consumption off premises | 1 _____. |
| 2. Sales of general groceries and other food and beverage items
not prepared for immediate consumption on and/or off premises | 2 _____. |
| 3. Prior month adjustment | 3 _____. |
| 4. Other (describe): _____ | 4 _____. |

Section 2: Total Deductions

- | | |
|---|----------|
| 5. Total Deductions (Add lines 1 through 4)
Enter this amount on Line 2 on the front page of this return | 5 _____. |
|---|----------|
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