



**FOOD AND BEVERAGE TAX RETURN**

**CITY OF ALTON, ILLINOIS**

**Treasurer's Office**

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

E-mail: [treasurer@cityofaltonil.com](mailto:treasurer@cityofaltonil.com)

Fax: (618) 463-3520

Website: [www.cityofaltonil.com](http://www.cityofaltonil.com)

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Dear Business Owner:

The Food and Beverage Tax for the period of \_\_\_\_\_ is now due.  
(month/quarter/year)

Please return your remittance with this letter no later than \_\_\_\_\_. Include penalty and interest, if appropriate.  
(end of the following month)

Please submit a copy of your Illinois ST-1 form (which is a copy of the tax form you send to the IL Dept. of Revenue each month). Any business with multiple locations must submit a copy of ST-2 form.

- 1. ADJUSTED TAXABLE RECEIPTS \_\_\_\_\_
- 2. 1/2% of line #1 \_\_\_\_\_
- 3. Penalty 10% of line 2 \_\_\_\_\_
- 4. Interest (1.25% per month of line 2) \_\_\_\_\_
- 5. Tax penalties or interest from previous month \_\_\_\_\_
- 6. Add line 2, 3, 4, 5, and 6 \_\_\_\_\_
- 7. Credits \_\_\_\_\_
- 8. TOTAL TAX PAYABLE (line 7 less line 8) \_\_\_\_\_

**RETURN THIS FORM WITH YOUR REMITTANCE TO:**

**CITY TREASURER  
101 E Third, Suite 102  
Alton, IL. 62002**

Make checks payable to: City of Alton "Food and Beverage Tax"

Under penalty as provided by law, I declare that I have examined this return and to the best of my knowledge believe it is true and correct. If business has closed please fill in the following blank:

LAST TAX RETURN - BUSINESS WAS DISCONTINUED ON: \_\_\_\_\_

IF NO BUSINESS WAS CONDUCTED DURING ABOVE PERIOD CHECK HERE: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_