



VILLAGE OF WHEELING
RESTAURANT AND OTHER PLACES FOR EATING TAX
2 COMMUNITY BLVD.
WHEELING, IL 60090
Phone (847) 459-2600 • Fax (847) 459-9692

RESTAURANT AND OTHER PLACES FOR EATING TAX RETURN

Business Name: _____

Doing Business As: _____

Reporting Period: _____

FEIN: _____

IL Sales Tax # _____

Taxes must be paid by the 1st day of the second month following the reporting period (e.g. October tax collections are due December 1st; November tax collections are due January 1st, etc.).

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- | | |
|---|----------|
| 1. Gross Sales (Should agree with IL ST-1, Line 3) | \$ _____ |
| 2. Deductions of Sales Not Subject to Tax (T-shirts, etc.) | \$ _____ |
| 3. Taxable Sales (Line 1 minus Line 2) | \$ _____ |
| 4. Amount of Tax (Multiply Line 3 by 1% (.01)) | \$ _____ |
| 5. LESS COMMISSIONS <u>If Paid on Time</u> (Multiply Line 4 by 1% (.01)) | \$ _____ |
| 6. ADD PENALTY <u>If Paid Late</u> (Multiply Line 4 by 2% (.02)) | \$ _____ |
| 7. Total Payment Due (Line 4 minus Line 5 or plus Line 6) | \$ _____ |

Please make checks payable to the “**Village of Wheeling**” and mail your return and tax payment to the Village of Wheeling, at the address listed above.

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this return is true, correct and complete.

Signature

Date

Printed Name & Title

Phone Number