

CITY OF MT. VERNON, ILLINOIS

**PREPARED FOOD AND BEVERAGE TAX, UNDER ARTICLE 31 OF THE REVISED CODE OF ORDINANCES  
MONTHLY REMITTANCE RETURN FORM**

For Collection Month of \_\_\_\_\_

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

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Illinois Business Tax (IBT) Number for Mt. Vernon, Illinois Business Location (from Illinois ST-1 or ST-2) \_\_\_\_\_

**COMPUTATION OF PREPARED FOOD & BEVERAGE TAX LIABILITY**

- 1. GROSS TAXABLE SALES OF PREPARED FOOD AND BEVERAGES \$ \_\_\_\_\_
- 2. MT. VERNON, ILLINOIS PREPARED FOOD & BEVERAGE TAX RATE X 1% (.01) \_\_\_\_\_
- 3. AMOUNT OF PREPARED FOOD & BEVERAGE TAX (Multiply line 1 by line 2) \$ \_\_\_\_\_
- 4. PENALTY OF 2% PER MONTH, IF FILED LATE OR THE TAX IS NOT PAID WHEN DUE \$ \_\_\_\_\_
- 5. TOTAL TAX AND PENALTY TO BE REMITTED \$ \_\_\_\_\_

NOTE: Any person who violates any provision of Article 31 shall be punishable by a fine of not less than \$100 or more than \$500. Each day during which the violation continues shall be recorded as a separate punishable offense.

IF THIS IS A FINAL RETURN, OR THERE HAS BEEN A CHANGE IN OWNERSHIP, COMPLETE THE FOLLOWING:

BUSINESS SOLD \_\_\_\_\_ BUSINESS DISCONTINUED \_\_\_\_\_ (Date) \_\_\_\_\_ (Date) \_\_\_\_\_

New Owner's Name: \_\_\_\_\_

New Owner's Contact Address: \_\_\_\_\_

Former Owner's Contact Address: \_\_\_\_\_

Note: This return shall be filed with the City by the filing date and at the same time intervals or frequencies as the Retailers Occupation Tax Return, Form ST-1 or ST-2, is due to be filed with the Illinois Department of Revenue.

**This return shall be accompanied with a copy of the return ST-1 or ST-2 form filed with the Illinois Department of Revenue.**

MAKE CHECK PAYABLE TO: CITY OF MT. VERNON, ILLINOIS

MAIL RETURN WITH CHECK TO: CITY OF MT. VERNON, ILLINOIS  
FINANCE DEPARTMENT  
P. O. BOX 1708  
MT. VERNON, ILLINOIS 62864

UNDER PENALTIES AS PROVIDED BY LAW, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS, AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT 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 of Taxpayer \_\_\_\_\_ Signature of person, other than Taxpayer, preparing this return \_\_\_\_\_

Title \_\_\_\_\_ Name of Firm or Employer \_\_\_\_\_

Date Signed \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date Prepared \_\_\_\_\_ Telephone Number \_\_\_\_\_

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