



# Prepared Food & Beverage Tax

A COPY OF AN ST-1 OR ST-2 MUST ACCOMPANY THIS FORM.

Month and year for collection

IBT Number for Mt. Vernon location (from ST-1 or ST-2)

Business Name

Business Address

Mailing address

1. Gross taxable sales amount

2. Total amount of tax (multiply #1 by 1%)

3. Penalty amount (2% per month)

4. Total tax and penalty (add #2 and #3)

Is this a FINAL return?

Yes  No

Was the business sold or discontinued?

Sold

Discontinued

Former Owners Contact Address

New Owner's Name

New Owner's Contact Address

I certify that the information provided is true, accurate, and complete and that the information is taken from the books and records of the business for which this return is filed. \*

Date

Taxpayer name

Title

Phone Number

Name of person preparing this return.

Name of Firm or Employer

Phone Number