



FOOD AND BEVERAGE TAX RETURN

Office of the City Clerk
Business Services
150 W Jefferson St
Joliet, IL 60432-4158
Office: 815-724-3905 Fax: 815-724-3904
E-Mail: businessservices@jolietcity.org
Website: www.cityofjoliet.info

If the business has been closed, sold to a new entity or no longer incurs liability for taxes to the City of Joliet, please complete the following:

Date of Final Tax Return: _____
Date Business Closed: _____
Date Business Sold: _____
Old/Closing Owner Information:
Name: _____
Address: _____
Phone Number: _____
New Owner Information:
Name: _____
Address: _____
Phone Number: _____
E-Mail: _____

TO PAY BY CREDIT CARD:

MasterCard: ____ VISA: ____ Discover: ____
Account No. ____ - ____ - ____ - ____
Expiration Date: ____/____ Security Code: ____
Name and billing address on account:

Signature

MAKE CHECKS PAYABLE TO: CITY OF JOLIET
MAIL TO: City of Joliet - Taxes
150 W Jefferson St
Joliet, IL 60432-4158

Local business name and address in City of Joliet corporate limits:

Business Phone Number: _____

TAX RETURN FOR MONTH OF: _____

Illinois State Tax Number (IBT)
_____ - _____ - _____

COMPUTATION OF TAXES – Food & Beverage

- 1) Total Food/Beverage tax collected _____
- 2) Total Gross Receipts from the Taxable purchase of Food & Beverage items, EXCLUSIVE OF ANY TAXES _____
- 3) Computed Food & Beverage Tax (line 2 x 1% or 0.01) _____
- 4) Late filing interest 2% per month (line 3 x 2% or 0.02) _____
- 5) Late filing penalty 5% (line 3 x 5% or 0.05) _____
- 6) Late payment penalty 5% (line 3 x 5% or 0.05) _____
- 7) **Total amount due** (sum of lines 3 – 6) _____

Taxes are due at the City of Joliet offices no later than the last day of the following month.

Under penalties provided by Ordinance, the undersigned certifies that this return is true and accurate and is taken from the books and records of the business for which the return is filed.

Name: _____

Address: _____

Phone Number: _____

Signature _____ Date _____