

100 Parkers Mill • Oswego, IL. 60543 • (630) 554-3618 • Fax: (630) 554-3306

Website: http://www.oswegoil.org

Village of Oswego Food and Beverage Tax Return Form

Busine	ess Name/Address:	
Doing	Business As:	
Calend	lar Year/Reporting Period:	
FEIN:		
	Computation of Tax Liabil	lity
1.	Gross Sales (Should agree with IL ST-1, Line 3)	\$
2.	Deduction of Sales Not Subject to Tax (T-shirts, etc.)	
3.	Taxable receipts (line 1 minus line 2).	\$
4.	Amount of Tax (Multiply Line 3 by 1% (.01))	\$
5.	Subtract 1% collection fee (Line 4 x .01)	\$
6.	Penalty if not paid on time (multiply line 4 by 5% (.05)	\$
7.	Total amount remitted (Line 4 minus Line 5 plus Line 6)	\$
The Vi	ue Form ST-1 (state sales tax return) for the corresponding month mus illage must receive your remittance by the last day of the month follow ollected. If the last day of the month falls on a weekend or holiday where received by the next business day. However, a payment sent by mail y of the month.	ing the calendar month when the taxes en the Village Hall is closed, payment
	ion: Gallon measurement is required when completing this form. If you ly the total by the official factor of .2641721 to convert to U.S. gallons.	
contai	nation: Under penalties provided by the Village of Oswego Code, I ned herein are taken from the books and records of the business an owledge.	
Sig	nature of Preparer	Date
Sig	nature of Toynover	Date

Please remember: Please mail this form and a complete copy of the Illinois Department of Revenue Form ST-1 (state sales tax return) for the corresponding month and payment to the address listed below.

Please return the completed form to: Village of Oswego Attn: Finance Department 100 Parkers Mill, Oswego, IL 60543