



City of Collinsville  
 125 S. Center St  
 Collinsville, IL 62234  
 618-346-5200

# Food & Beverage Tax Return

Pursuant to Illinois municipal Code Sections 11-42-1, 11-42-5, and 8-11-6a. Pursuant to Collinsville Municipal Code Section 3.32.070 and 3.32.080

Finance Department

Phone: 618-346-5200 ext 1142

Fax: 618-346-1662

Filing Period \_\_\_\_\_

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

This return and the tax due must be filed and paid **by the last day** of the calendar month following the filing month. All forms are required at payment to guarantee NO Late Penalties.

Email all forms to: [staffaccountant@collinsvilleil.org](mailto:staffaccountant@collinsvilleil.org)

All payments must be made on-line at: <https://public.pointandpay.net/vweb/partner/cityofcollinsvillefandb>

## Computation of Tax Liability

1. **Adjusted Taxable Receipts** \_\_\_\_\_ 1. \_\_\_\_\_  
(for most businesses this will be Line 3 of ST-1)
2. **Sales of Non Food & Beverage Items Included in Line 1** \_\_\_\_\_ 2. \_\_\_\_\_  
Provide detail on separate page
3. **Subtotal - subtract line 2 from line 1** \_\_\_\_\_ 3. \_\_\_\_\_
4. **1% Food/Beverage Tax** \_\_\_\_\_ 4. \_\_\_\_\_  
Multiply Line 3 by 1% (.01)
5. **On-Time Discount** \_\_\_\_\_ 5. \_\_\_\_\_  
Paying by the 25th day, in which the tax is due - Multiply Line 4 by 1% (.01)
6. **Interest for Late Payment/Underpayment or Nonpayment** \_\_\_\_\_ 6. \_\_\_\_\_  
Multiply Line 4 by 0 if paid by the last day of the month  
 Multiply Line 4 by 10% (.10) if paid from the 1st and 10th days of the month  
 Multiply Line 4 by 15% (.15) if paid from the 11th and 20th days of the month  
 Multiply Line 4 by 20% (.20) if paid on or after the 21st day of the month
7. **Late Filing Penalty** \_\_\_\_\_ 7. \_\_\_\_\_  
Multiply Line 4 by 5% (.05) if paid on or after the 1st of the month.
8. **Amount of Tax Payable to City of Collinsville** \_\_\_\_\_ 8. \_\_\_\_\_  
(Add Lines 4, (6 & 7 if applicable), subtract line 5 if applicable)

### CHECKLIST

Fill out all lines	Sign Form
Attach ST-1 or ST-2	Make Online Payment
Attach Line 2 detail	Email all forms

Business has closed, this is the final tax return.  
 No business was conducted during above period

## All Figures Are Subject To Audit

Under penalties of perjury and other penalties provided by law, I declare that I have examined this return 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 \_\_\_\_\_  
(or type full name if filling out on computer)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

This form may be duplicated by local establishments for tax payment purposes.