



Bloomington / Normal Food & Beverage Tax Remittance Form

Pursuant to Bloomington Chapter 39 Article XVI and Town of Normal Chapter 25 Division 15

Owner / Corporate Name:

Address:

Contact:

Email:

Phone:

DBA Business Name:

Address:

Contact:

Email:

Phone:

Tax Preparer's Firm:

Address:

Phone:

Email:

CHECKLIST

Fill out all Lines

Attach ST-1

Attach ST-2

Attach Check

Sign Form

Remit all documents

by the 25th of the

month after collected ¹

| 1 | Tax Collection Period: ¹ | Month | Year |
|---|--|-------------------------------|---------|
| 2 | Tax Return Data: a. ST-1 Account ID | b. Final Return | c. Late |
| 3 | Taxable Receipts: <u>(Enter Line 3 from ST-1 or Line 4a from ST-2)</u> | 3 | _____ |
| | Explain any difference from ST-1 Line3 or, ST-2 Line 4a | | |
| 4 | City Tax: (Multiply Line 3 by 2.0%) | 4 | _____ |
| 5 | Discount: (Multiply Line 4 by 1.0%) | 5 | _____ |
| 6 | Late Penalty: (Multiply Line 4 by 5.0%) | 6 | _____ |
| 7 | Late Interest: (Multiply Line 4 by 2.0% for each month late): | # Months <input type="text"/> | 7 _____ |
| 8 | Credits: | 8 | _____ |
| 9 | Tax Due: ADD lines 4, 5, 6, 7, and 8 | 9 | _____ |

Mail To: City of Bloomington
ATTN: Food & Beverage Tax
P.O. Box 3157
Bloomington, IL 61702-3157

Drop Off: City Hall
Finance Dept, Room 100
109 E. Olive Street
Bloomington, IL 61702

Contact: Finance Department
Phone: 309-434-2233
Fax: 309-434-2463
Email: finance@cityblm.org

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.

Preparer Name:

(Printed Name)

(Signature)

(Date)

Owner Name:

(Printed Name)

(Signature)

(Date)

FOOD & BEVERAGE TAX FORM ASSISTANCE

GENERAL INFORMATION

1. **Your return is incomplete and subject to penalties and interest unless we receive:**
 - a. Signed tax return
 - b. State sales tax forms and confirmation number
 - c. Payment in full
 - d. All documents remitted in-person or postmarked by the 25th of the calendar month following the previous month's tax collection period.
2. Tax data is subject to audit.
3. Failure to remit taxes can result in an additional 25% penalty and legal costs.

STEP 1: NAMES, ADDRESSES, AND CONTACTS

1. Owner/Corporate Name - Provide the name, address, contact, email and telephone number of the corporate office if different than the business physical retail location.
2. DBA Business Name - Provide the name, address, contact, email and telephone number of the retail facility located Bloomington/Normal.
3. Tax Preparer's Firm - Provide the name, address, email and telephone number of the person or firm who prepared the tax remittance form.

Note: Information need not be duplicated if it does not differ from one section to the next—simply make a note on the form.

STEP 2: TAX CALCULATIONS

Line 1. Enter the month taxes were collected.

- Line 2.
- a) Enter your ST-1 State Account ID [aka Illinois Business Tax Number (IBT)]
 - b) Check the box whether this return is the last for the Taxpayer/Owner
 - c) Check the box that payment is late and then calculate the penalty and interest below

Line 3. Enter taxable receipts from ST-1 Line 3 for single-site taxpayers, or ST-2 Line 4a for multi-site taxpayers.

Note: Provide an explanation for any differences between the amount entered on the tax form and the amount shown on your ST-1 or ST-2.

Line 4. Calculate the Tax Due prior to discounts, penalty, interest, and credits.

Line 5. The Taxpayer is allowed a 1% reimbursement for completing the tax form.

Line 6. If payment is made the 26th or any day after, a 5% penalty is imposed.

Line 7. If payment is made the 26th, a 2% interest fee is charged for the 1st month late. For each and every subsequent 26th of the month that taxes are unpaid, an additional 2% interest amount is due.

Line 8. If a credit exists on your account, you may deduct this amount from your tax return.

Line 9. Tax Due - **Make your check payable to the "City of Bloomington"** for the amount on this line.

STEP 3: SIGNATURES

The tax return must be signed by at least one representative of the business.

STEP 4: Document Remittance

Mail or bring in copies of the **(1)** Signed Tax Form, **(2)** State Tax Forms, and **(3)** Check made payable to the "City of Bloomington" by the 25th of the month after you collected taxes.