



CITY OF DECATUR

Food and Beverage Tax Return

Pursuant to Decatur City Code 51.2
Amendment Approved Feb. 5th 2024



Business DBA Name/Location Address

Filing Month _____

Illinois Business Tax (IBT) # _____

Owner Name/Mailing Address (if different)

* If reporting multiple locations on one tax return, you must attach **Multiple Location Reporting** form.

Computation of Food & Beverage Tax Liability

1. Taxable sales of prepared food and beverage and alcoholic beverages *(for most businesses this will be Line 3 of ST-1)* _____
2. 2% Food & Beverage Tax (line 1 x .02) _____
3. Penalty for **late payment** (line 2 times 10% per month)
If paid after the 20th of the month for the previous month _____
4. **Total Tax to be remitted** (Add lines 2 through 3) _____

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct and complete.

Signature of Taxpayer

Signature of Preparer

Title

Company Name

Date Signed Telephone Number

Date Prepared Telephone Number

DUE: 20th of the month following the filing month.

➡ Make check payable to: **City of Decatur**

➡ Mail completed and signed tax return along with payment for the amount shown on line 4 to:

City of Decatur Auditor
Finance Department
#1 Gary K Anderson Plaza
Decatur, IL 62523

Questions? Call (217) 424-2854
City website and tax forms:
www.decaturil.gov