



**Bloomington/Normal Prepared Food & Beverage Sales Tax Form**

Pursuant to Bloomington City Code 2002-2 and Town of Normal Code 25.15

**DUE DATE: THE 25TH DAY OF THE FOLLOWING MONTH**

Month / Year of Collection: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

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

Local Address: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Illinois Business Tax (IBT) #: \_\_\_\_\_

Check if this is your last return:

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 of Preparer

Date

Signature of Taxpayer

Date

**Computation of Prepared Food & Beverage Tax Liability**

Retail sale of prepared food and beverage includes all food, alcoholic and non-alcoholic beverages which is prepared for immediate consumption and which may be consumed on and/or off the premise.

- 1. Sales of prepared food and beverages (Net of Local and State tax)  
(for most businesses this will be Line 3 of ST-1) . . . . . \$ \_\_\_\_\_
- 2. 2% Food and Beverage Tax (line 1 x .02) . . . . . \$ \_\_\_\_\_
- 3. Less compensation for services rendered in  
collection and payment of this tax. (line 2 x .01) . . . . . \$ \_\_\_\_\_
- 4. Net Tax Due (line 2 minus line 3) . . . . . \$ \_\_\_\_\_
- 5. 5% Late Filing Penalty (line 2 x .05) . . . . . Check here if Late:  \$ \_\_\_\_\_
- 6. Interest Charge (line 2 x .02 for each month) . . . . . # Months: \_\_\_\_\_ \$ \_\_\_\_\_
- 7. Total Tax, Interest and Penalty, if applicable, due (add lines 4,5,6) . . . . . \$ \_\_\_\_\_

- ▶ Make your check payable to: **City of Bloomington**
- ▶ Please do not staple check to tax return.
- ▶ Mail this completed and signed return, the check for the amount shown on line 7, and a copy of **Illinois Department of Revenue Form ST-1** to:

City of Bloomington  
Finance Department  
PO BOX 3157  
Bloomington, IL 61702-3157

Questions? Contact City of Bloomington Finance Department at: 309-434-2233 or email: [finance@cityblm.org](mailto:finance@cityblm.org)