



VILLAGE OF BEDFORD PARK

Eating Establishment (Food & Beverage) Tax Remittance Form

Effective 08/01/2021, Pursuant to Ordinance # 21-1668

6701 S. Archer, Bedford Park, IL 60501 Phone: (708) 458-2067 Fax: (708) 458-2079 www.villageofbedfordpark.com

Collection Period (Month/Year): _____

Local Business Name: _____

Business Address: _____

Illinois Retailer Occupation Tax Number: _____

Payee Name: _____

Payee Address: _____

Contact Name & Telephone: _____

Computation of Tax Liability

1. **Gross Receipts for Food and Beverages:** 1 \$ _____

2. **Village of Bedford Park Tax (Multiply Line 1 by 1%)** 2 \$ _____

3. **Penalties if Return or Payment is Received Late:** 3 \$ _____

b. Penalty (Multiply Line 2 by 1% for each month late) #months \$ _____

4. **Total Tax Due including Penalties (Line 2 + Line 3)** 4 \$ _____

Please remit the following to the Village of Bedford Park by the 20th day of the month following the collection period:

- Completed Eating Establishment (Food & Beverage) Tax Remittance Form
- Check in the amount shown on line 4 made payable to the "Village of Bedford Park"
- Copy of *Illinois Department of Revenue Form ST-1 (Sales and Use Tax Return)*

Mail to:
Village of Bedford Park
Attn: Village Treasurer
6701 S Archer
Bedford Park, IL 60501

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 of which this return is filed.

Signature

Date

Printed Name & Title

Phone Number