



CITY OF CAHOKIA HEIGHTS

PY - 2024

Curtis L. McCall, Sr. Mayor

103 Main Street

Cahokia Heights, Illinois 62206

Office: 618-337-9500

Fax: 618-215-7203

(This return must be filed on or before the 20th day of the following month for taxable sales made during the preceding month)

Food and Beverage Tax for the month of _____ 20__ .

NAME OF RETAILER: _____

OWNER'S NAME: (Print) : _____

ADDRESS OF RETAILER: _____

TAX IDENTIFICATION NUMBER: _____

- 1. Total Sales: Should agree with state tax return (see ordinance no. 21-1392) _____
- 2. Deduction of general merchandise sale _____
- 3. Sales of prepared food and beverage for immediate consumption _____
- 4. MULTIPLY BY 5% TAX RATE (.05) _____
- 5. **TAX DUE AND PAYABLE (with no late charges)** _____

(If your payment is late you must apply the following three steps)

- 6. Add 10% penalty if not paid by the 20th day of the month
for taxable sales made during the preceding month _____
- 7. Total of lines 5 and 6 _____
- 8. Add 1.25% interest to line 7 _____
- 9. TOTAL PAYMENT DUE WITH PENALTY & INTRESET
(SUM OF LINE 7 & 8) _____

PLEASE ATTACH A COPY OF YOUR ST - 1 OR ST - 2 MULTIPLE STATE SALES TAX RETURN TO PROCESSYOUR FOOD AND BEVERAGE TAX RETURN.

MAKE CHECK PAYABLE TO: CITY OF CAHOKIA HEIGHTS

RETURN FORM TO: CITY OF CAHOKIA HEIGHTS
BUSINESS LICENSE DEPT
ATTN: DEMARIO HELM, DEPUTY MAYOR OR MARILYN STRINGFELLOW
103 MAIN STREET
CAHOKIA HEIGHTS, IL 62206

Under penalties of perjury, I declare I have examined the return including accompanying schedules and statement and to the best of my knowledge and belief, it is true, correct and complete.

Print Name:

Signature:

Title:

Date: