

# VILLAGE OF NORTH RIVERSIDE PLACES FOR EATING TAX RETURN

2401 S. Desplaines Avenue  
North Riverside, Illinois 60546  
(708) 447-4211

Reporting Period: \_\_\_\_\_

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

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

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

Federal Employer Identification # (FEIN): \_\_\_\_\_

State of Illinois Sales Tax #: \_\_\_\_\_

## CALCULATION OF TAXES DUE:

1. Gross Sales (Should agree with IL ST-1, Line 3) \$ \_\_\_\_\_
2. Deductions of Sales Not Subject to Tax (T-Shirts, etc.) \$ \_\_\_\_\_
3. Taxable Sales (Line 1 minus Line 2) \$ \_\_\_\_\_
4. Amount of Tax (Multiply Line 3 by 1% (.01)) \$ \_\_\_\_\_
5. Commission if Paid on Time (Multiply Line 4 by 1% (.01)) \$ \_\_\_\_\_
6. **Total Payment Due** (Line 4 minus Line 5): \$ \_\_\_\_\_

Please make checks payable to the **VILLAGE OF NORTH RIVERSIDE** and mail your return and tax payment to address listed above.

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

\_\_\_\_\_  
Signature of Authorized Official Date

\_\_\_\_\_  
Printed Name and Title E-Mail

**TAXES MUST BE PAID NO LATER THAN 20 DAYS AFTER REPORTING PERIOD**  
Forms available at [www.northriverside-il.org](http://www.northriverside-il.org)