

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: _____

Illinois Sales Tax #: _____ FEIN #: _____

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 2% (.02)) \$ _____
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