

CITY OF DEKALB, ILLINOIS RESTAURANT, BAR & PACKAGE LIQUOR TAX	FILING PERIOD	
	FROM	TO

IBT#	_____	Taxpayer's Telephone:	_____
Name	_____	Preparer's Telephone:	_____
Address	_____		

STEP ONE: Calculate Your Tax on Customer Purchases of:

- | | | |
|----|--|-------|
| 1) | Food & Liquor, Exclusive of Tax | _____ |
| 2) | Tax Due on Receipts (Multiply Line 1 by 2 Percent) | _____ |

**STEP TWO: : Calculate Your Penalty, Interest & Other Adjustments
If You Are Filing After the Due Date, Complete Lines 5 and 6**

- | | | |
|----|--|-------|
| 3) | Add Penalty (Multiply Line 2 by 5%) | _____ |
| 4) | Add Interest (Multiply Line 2 by 2% per month) | _____ |
| 5) | Add/Subtract Adjustments (See Instructions) | _____ |
| 6) | Excess Tax Collected (Add Lines 2, 3, 4, & 5) | _____ |
| 7) | TOTAL PAYMENT DUE: | _____ |

Make Check Payable to "City of DeKalb" & Send To:
Finance Division - R&B Taxes
164 E. Lincoln Highway
DeKalb, IL 60115

A copy of your Illinois Form ST-1 "Sales & Use Tax Return" for this same reporting period MUST be attached to this return.

Under penalty as provided for by law, I declare that I have examined this return and to the best of my knowledge and belief it is true and correct. I have attached hereto a copy of Illinois Form ST-1 "Sales & Use Tax Return" for this same period.

Preparer	Date	Taxpayer	Date
_____	_____	_____	_____
Printed Signature		Printed Signature	

OFFICE USE ONLY

Date Received:	_____	Final Return, Discontinued Date:	_____
Postmark Date:	_____	Final Return, Business Sold Date:	_____
Cash/Check #	_____	First & Final Return:	_____
Finance Div.	_____		

