



**City of Darien  
FOOD & BEVERAGE TAX  
1702 PLAINFIELD RD  
DARIEN, IL 60561  
(630) 852-5000**

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**FOOD AND BEVERAGE TAX RETURN**

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

Doing Business As: \_\_\_\_\_

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

FEIN: \_\_\_\_\_

IL Sales Tax # \_\_\_\_\_

Taxes must be paid by the 20<sup>th</sup> day of the month following the reporting period (normally every month, unless you are filing Sales Tax Returns with the State of Illinois on a quarterly or annual basis).

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- |  |          |
|--|----------|
| 1. Gross Sales                                       | \$ _____ |
| 2. Deductions of Sales Not Subject to Tax            | \$ _____ |
| 3. Taxable Sales (Line 1 minus Line 2)               | \$ _____ |
| 4. Amount of Tax (Multiply Line 3 by 1.25% (0.0125)) | \$ _____ |
| 5. Penalty (3%) late payment if paid after the 20th  | \$ _____ |
| 6. Total Due (Line 4 plus line 5)                    | \$ _____ |

Please make checks payable to the “**City of Darien**” and mail your return and tax payment to the City of Darien, at the 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Phone Number