



PLACES FOR EATING TAX RETURN FILING

2 Community Blvd., Wheeling, IL 60090 (847) 459-2600

LEGAL NAME: _____
REPORTING PERIOD: _____
ILLINOIS SALES TAX #: _____

BUSINESS NAME: _____
FEIN: _____

SECTION 1 - Please complete #1 through #6 if payment is made by the 1st of the month

- 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 by the 1st of the following month (Multiply line 4 by 1% (.01)) _____
- 6. Total Payment Due (Line 4 minus Line 5) \$ _____

SECTION 2 - Please complete #7 through #14 if payment is made after the 1st of the month

- 7. Gross Sales (Should agree with IL ST-1, Line 3) _____
- 8. Deductions of Sales Not Subject to Tax (T-shirts, etc.) _____
- 9. Taxable Sales (Line 7 minus Line 8) _____
- 10. Amount of Tax (Multiply Line 9 by 1% (.01)) _____
- 11. Penalty for Late Payment of Tax (2% of Line 10) _____
- 12. Number of Months Payment is Late _____
- 13. Total Penalty for Late Payment of Tax (Multiply Line 11 by Line 12) _____
- 14. Total (Tax and Penalty Payment Due (The total of lines 10 and 13) \$ _____

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

Signature: _____

Phone Number: _____

Printed Name _____

Date: _____

Title: _____

Please make checks payable to the "Village of Wheeling"