



**CITY OF HARVEY**  
**MAYOR CHRISTOPHER J. CLARK**  
 Department of Revenue  
 15320 Broadway Avenue  
 Harvey, IL 60426  
 Phone: 708-210-5315  
[revenue@citofharveyil.gov](mailto:revenue@citofharveyil.gov)

**Food and Beverage Tax**  
**Food and Beverage Tax Return**

Please mark (X) on the appropriate month(s) for payment: \_\_\_\_\_ Year

___ January	___ April	___ July	___
October			
___ February	___ May	___ August	___ November
___ March	___ June	___ September	___
December			

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

Business Location Address: \_\_\_\_\_  
 \_\_\_\_\_

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

Business Phone Number: \_\_\_\_\_  
 \_\_\_\_\_

Business Email: \_\_\_\_\_

Illinois Business Tax (IBT) Number: \_\_\_\_\_  
 \_\_\_\_\_

Property Index Number (PIN): \_\_\_\_\_

**COMPUTATION OF TAX LIABILITY**

1. Gross sales of food and beverages  
 (Excluding beer, wine & liquor) \_\_\_\_\_
2. Food and Beverage tax (Line 1 x 1%)  
 \_\_\_\_\_
3. Late payment penalty (Line 2 x 2% per month)  
 \_\_\_\_\_
4. Total tax and penalty due (add lines 2 and 3)  
 \_\_\_\_\_
5. Check surcharge (Line 4 x 2%)  
 \_\_\_\_\_

Under penalties of perjury and other penalties provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

Signature \_\_\_\_\_ of \_\_\_\_\_ Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL ORIGINAL COPY OF COMPLETED RETURN AND CHECK FOR AMOUNT SHOWN ON LINE 5  
ALONG WITH A COPY OF ILLINOIS DEPARTMENT OF REVENUE FORM ST-1 OR ST-2 TO:**

**City of Harvey**

**Attn: Department of Revenue - Food and Beverage Tax**

**15320 Broadway Avenue**

**Harvey, IL 60426**