CITY OF PALOS HILLS

10335 S Roberts Road Palos Hills, IL 60465 (708) 598-3400

SUMMARY OF PLACES FOR EATING TAX ORDINANCE

Effective Date:

January 1, 2010

Items Included:

Sale of "prepared food", which is defined as food or liquid, including alcoholic beverages, that are prepared for immediate consumption at "places for eating"; "Places for eating" is defined as a place where prepared food is sold at retail for immediate consumption with seating provided on the premises (including any outdoor seating on the premises), whether the food is consumed on the premises or not. Refer to the attached Ordinance for exact definitions.

Exempt Entities:

Entities that are exempt from the sales tax provisions of state statute

are exempt from the Place for Eating Tax.

Tax:

The tax is levied on the gross receipts for prepared food sold at retail.

The amount of the tax is one-percent (1%) and is placed on the owners

of places for eating, who can pass the tax along to consumers.

Commission:

The entity may keep a commission of one-percent (1%) of the amount of the tax, to reimburse for expenses incurred in the administration of

the tax.

Payments Due:

By the 20th day of the month following the reporting period. The reporting period is the same as the entity's reporting period with the State of Illinois, but no more frequently that on a monthly basis. For example, if the entity files a monthly sales tax return with the State of Illinois the entity must file a return with the City of Palos Hills by the 20th day of the following month. If the entity files a quarterly sales tax return with the State of Illinois, the entity must file a return with the City of Palos Hills by the 20th day of the month following the end of the quarter. If the entity files an annual sales tax return with the State of Illinois, the entity must file a return with the City of Palos Hills by the 20th day of the month following the end of the year.

Remit Payments to:

City of Palos Hills Treasurer's Office 10335 S Roberts Road Palos Hills, IL 60465

Questions on Tax:

Please submit your questions in writing to the address above or by fax to (708) 598-2475. Be sure to include a phone number and address

where we can respond to your question.

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BUSINESS REGISTRATION FOR PLACES FOR EATING

Business Name:			
Doing Business As:			
Address:			
City/State/Zip: _	Phone #		
Type of Business Conducted on Premises	:		
FEIN:	IL Sales Tax #		
PLEASE REVI ARE	EW THE SUMMARY AND THE PLACES FOR I ATTACHED BEFORE ANSWERING THE FOL	EATING TAX ORDINANCE THAT LOWING QUESTIONS	
address above	ayment of the Place for Eating Tax, sign "Yes", complete the rest of the registrative. The City will mail the required Place	tion, sign and return the registration to	
Mailing Name:			
Address: City/State/Zip:		Phone #	
Date Business Comme	nced (or is anticipated to commence):		
Current frequency of Monthly	filing Illinois State Tax Return:Quarterly	Annually	
	ided by law, I declare that to the best of my k		
Signature	Printed Name and Title	Date	

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PLACES FOR EATING TAX RETURN

isiness Name:			
oing Business As:			
ısiness Address:			
ity/State/Zip:			Phone #
eporting Period:			
EIN:		IL Sal	es Tax #
axes must be paid by ou are filing Sales Tar	the 20 th day of the month following Returns with the State of Illinois Tax forms available at <u>w</u>	on a quarter.	
1. Gross Sales (Should agree with IL ST-1, Line 3)		\$	
2. Deductions of Sales Not Subject to Tax (T-shirts, etc.)		irts, etc.)	\$
3. Taxable Sales (Line 1 minus Line 2)			\$
4. Amount of Tax (Multiply Line 3 by 1.0% (.01)			\$
5. Commissio	n if Paid on Time (Multiply Line 4	by 1.0% (.0	1)) \$
6. Total Payment Due (Line 4 minus Line 5)		\$	
Please make checks City of Palos Hills	s payable to the "City of Palos F , Treasurer's Office, 10335 So	lills" and m uth Rober	ail your return and tax payment to: ts Road, Palos Hills, IL 60465.
Under penalties as information on this	provided by law, I declare that t return is true, correct and comp	o the best o lete.	f my knowledge and belief, the
	Signature Date		
Signature [*]		Date	

Check Amount:_

Check Number:_

Date Rec'd:__