



**City of Galesburg**  
**Prepared Food and Liquor Return**  
**Pursuant to City of Galesburg Ordinance 07-3172**

Month/Year of Collection \_\_\_\_\_

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

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Federal ID # \_\_\_\_\_

Check if this is your last return       Check if above information is updated/changed

1. Total receipts from sale of prepared food, beverage & liquor	\$
2. 2% Prepared Food and Liquor Tax (line 1 x .02)	\$
<b>If filing return and payment late skip to line 5</b>	
3. Less rebate of 1% of total collection (if tax form & payment is submitted by due date) (line 2 x .01)	\$
4. Total tax less rebate due if paid by due date (subtract line 3 from line 2)	\$
<b>If paid by the due date, pay amount on line 4. Skip lines 5 and 6</b>	
5. Late filing penalty (line 2 x .015 x number of months late)	\$
6. Total tax and penalty due if filing return/payment late (add lines 2 and 5)	\$

**Filing Instructions:**

**Tax Amount:** Effective April 1, 2007, the tax rate is 2% on the sales of prepared food and liquor.

**Penalty:** Late charges are calculated at the rate of one and one-half percent (1.5%) each month until such time the delinquent tax is paid.

**Remittance:** Make checks payable and remit to: City of Galesburg  
 PO Box 1589  
 Galesburg, IL 61402-1589

**Mail this completed and signed return along with total payment due to the City of Galesburg and a copy of the corresponding Illinois Department of Revenue form ST-1. If mailed, the envelope must be postmarked by the due date of the payment otherwise the business is responsible for remittance of the penalty charge. Payments may also be made in person during normal business hours at the Customer Service counter located at City Hall, 55 West Tompkins Street, Galesburg, IL.**

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 \_\_\_\_\_ Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Questions? Contact City of Galesburg Finance Department at: (309) 345-3646**