



City of Darien
Food & Beverage Tax Return

Business Name _____

Business Address _____

Telephone No. _____ Email _____

Contact _____

Tax Collection Period _____
Month and Year

1. Taxable Receipts (Line 3 on ST-1 or 4a on ST-2) \$ _____

Explain any difference from ST-1 Line3 or ST-2 Line 4a

2. Plus Uber Eats Sales \$ _____

3. Total (Add lines 1 & 2) \$ _____

4. Amount of Tax (Multiply Line 3 x 1.25%) \$ _____

5. Penalty for Late Payment (3% of Line 4 after the 20th) \$ _____

6. Net Amount due to the City of Darien (Line 4 + Line 5) \$ _____

(For additional information call 1-630-353-8112)

Make Checks payable to:
CITY OF DARIEN

Send remittance to:
Finance Department
City of Darien
1702 Plainfield Road
Darien, Illinois 60561

CHECKLIST

- Fill out all Lines
Attach ST-1 -or-
Attach ST-2
Attach Check
Sign Form
Remit by the 20th

I certify under penalty as prescribed by law, that I have examined this return and to the best of my knowledge, is true and accurate.

Signature of Preparer: _____

Title: _____

Date: _____ Phone: _____