

**VILLAGE OF BURR RIDGE**  
**PLACES FOR EATING TAX**  
**7660 COUNTY LINE ROAD**  
**BURR RIDGE, IL 60527**  
**(630) 654-8181**

**PLACES FOR EATING TAX RETURN**

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

Doing Business As: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

FEIN: \_\_\_\_\_

Taxes must be paid by the 20<sup>th</sup> day of the month following the reporting period (normally every month, unless you are filing Sales Tax Returns with the State of Illinois on a quarterly or annual basis)

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1.	Gross Sales (Should agree with IL St-1, Line 3)	\$ _____
2.	Deductions of Sales Not Subject to Tax (T-shirts, etc.)	\$ _____
3.	Taxable Receipts (Line 1 minus Line 2)	\$ _____
4.	Amount of Tax (Multiply Line 3 by 1% (.01)	\$ _____
5.	Commission if Paid on Time (Multiply Line 4 by 1% (.01)	\$ _____
6.	Total Payment Due (Line 4 minus Line 5)	\$ _____

Please make checks payable to the **“Village of Burr Ridge”**, and mail your return and tax payment to the Village of Burr Ridge, at the address listed above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Phone Number