



Illinois Department of Revenue

ST-4 Metropolitan Pier and Exposition Authority Food and Beverage Tax Return

REV 02 FORM 028

E S ____/____/____

NS DP CA RC

Do not write above this line.

Account ID: _____ This form is for: _____
Reporting Period (month day year - month day year)

Owner's name: _____

Business name: _____

Mailing address: _____

You must round your figures to whole dollars. See instructions.

Step 1: Figure your taxable receipts

1 Total receipts - Write the total amount you received from qualifying sales of food, alcoholic beverages, and soft drinks, including MPEA tax you collected. Do not include any other tax you collected. **1** _____

2 Deductions
a Write taxes included in Line 1. **2a** _____

b Write tax-exempt sales included in Line 1. **2b** _____

Add Line 2a and Line 2b. **2** _____

3 Taxable MPEA receipts (Subtract Line 2 from Line 1.) **3** _____

Step 2: Figure your net tax and discount

4 MPEA tax due on receipts (Multiply Line 3 by 1% (.01).) **4** _____

5 If you filed and paid by the due date, multiply Line 4 by 1.75% (.0175). **5** _____

6 Net MPEA tax due (Subtract Line 5 from Line 4.) **6** _____

7 Excess MPEA tax collected **7** _____

8 Total tax (Add Line 6 and Line 7.) **8** _____

Step 3: Figure your payment due

9 Credit amount **9** _____

10 Payment due (Subtract Line 9 from Line 8.) **10** _____
Make your check payable to "Illinois Department of Revenue".

Step 4: Sign below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Taxpayer's signature Phone Date

Preparer's signature Phone Date

Mail your completed return and payment to:
Illinois Department of Revenue, Retailers' Occupation Tax, Springfield, IL 62776-0001

This form is authorized by the Metropolitan Pier and Exposition Authority Act. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center. IL 492-3203