



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

Rev 02 Form 038

E S ____/____/____

NS DP CA RC

Do not write above this line.

Read this information first

- If you are making a payment with this return, write the **amount you are paying here.**  \$ _____
Make your check payable to "Illinois Department of Revenue."
- If you are claiming an overpayment on this return and you collected the overpaid tax from your customer(s), you must refund the tax to your customer(s) before filing this return. When you complete this return, you must state, **under penalties of perjury**, in Step 4, that you unconditionally refunded the overpaid tax to your customer(s).

Step 1: Identify your business

- Account ID: _____ - _____
- Reporting period you are amending: ____/____/____ through ____/____/____
Month Day Year Month Day Year
- Business name _____

Step 2: Mark the reason you are filing an amended return

- | | |
|---|--|
| <ol style="list-style-type: none"> _____ I took a deduction on my original return that was not allowed or was too large. _____ I should have taken a deduction or a larger deduction on my original return because I sold food and beverages <ol style="list-style-type: none"> _____ to another Illinois business for resale. Write the business' account ID _____. _____ to an out-of-state customer, and the sale was in interstate commerce. The merchandise was delivered to a location outside Illinois. _____ to an exempt organization. Write the tax-exempt no. E-_____. _____ that were returned by my customer. _____ that were exempt for another reason. Please explain. _____

_____ | <ol style="list-style-type: none"> _____ I put an amount on the wrong line on either Form ST-4 or Form ST-7. _____ I overcollected the MPEA Food and Beverage Tax from my customer. _____ I made a computational error. _____ The original account ID was incorrect. The correct account ID is _____. _____ The original reporting period was incorrect. The correct reporting period is _____. _____ Other. (Please explain.) _____

_____ |
|---|--|

Please turn page to complete Steps 3 and 4. 

This form is authorized by the Metropolitan Pier and Exposition Authority Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-3210



Step 3: Correct your financial information

When writing your figures, please round to the nearest whole dollar. Most recent figures filed

Column A

Column B

Figures as they should have been filed

If you originally filed Form ST-7, Multiple Site Form, you must also file Form ST-7-X, Amended Multiple Site Form, and use the figures from it to complete Lines 3 and 4 below.

1	Write your total MPEA receipts. (Include tax.)	1	_____	1	_____
2	Write your total deductions.	2	_____	2	_____
3	Subtract Line 2 from Line 1. This amount is your taxable receipts.	3	_____	3	_____
4	Multiply Line 3 by 1 percent (.01). This amount is your tax due on receipts.	4	_____	4	_____
5	Write the amount of your discount. (See instructions.)	5	_____	5	_____
6	Subtract Line 5 from Line 4. This amount is your tax due after discount.	6	_____	6	_____
7	Write the excess MPEA tax collected.	7	_____	7	_____
8	Add Line 6 and Line 7. This is tax due.	8	_____	8	_____
9	Write the credit amount.	9	_____	9	_____
10	Subtract Line 9 from line 8. This is net tax due.	10	_____	10	_____
11	Write total amount paid.			11	_____
12	If Line 11 is greater than Line 10, Column B, write the difference. This is the amount you have overpaid . Go to Step 4.			12	_____
13	If Line 11 is less than Line 10 Column B, write the difference. This is the amount you have underpaid . Please pay this amount. Go to Step 4.			13	_____

Make your check payable to "Illinois Department of Revenue."

Please write the amount you are paying on the line provided on the front of this return.

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. Under penalties of perjury, I state that I have unconditionally refunded to my customer(s) any overpaid tax that I collected from my customer(s) and am claiming as an overpayment on this return.

Taxpayer's signature Title Phone Date

Preparer's signature Title Phone Date

Mail your return and payment you owe to:

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19034
SPRINGFIELD IL 62794-9034

