



ST-4-X Amended Metropolitan Pier and Exposition Authority (MPEA) 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, enter the amount you are paying here.

Amount you are paying: \$ _____
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 yourself

- 1 Account ID: _____
- 2 Reporting period you are amending: ___/___/___ through ___/___/___
Month Day Year Month Day Year
- 3 Business name _____

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

- 1 ___ I took a deduction on my original return that was not allowed or was too large.
- 2 ___ I should have taken a deduction or a larger deduction on my original return because I sold food and beverages
 - a ___ to another Illinois business for resale. Enter the business' account ID _____.
 - b ___ to an out-of-state customer and the sale was interstate commerce. The merchandise was delivered outside Illinois.
 - c ___ to an exempt organization. Enter the tax-exempt no. E-_____.
 - d ___ that were returned by my customer.
 - e ___ that were exempt for another reason. Please explain. _____
- 3 ___ I put an amount on the wrong line on either Form ST-4 or Form ST-7.
- 4 ___ I overcollected MPEA Food and Beverage Tax from my customer.
- 5 ___ I made a computational error.
- 6 ___ The original account ID was incorrect. The correct account ID is _____.
- 7 ___ The original reporting period was incorrect. The correct reporting period is _____.
- 8 ___ 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.



Step 3: Correct your financial information

When entering your figures, please round to the nearest whole dollar.

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 | Enter your total MPEA receipts. (Include tax.) | 1 | _____ |
| 2 | Enter your total deductions. | 2 | _____ |
| 3 | Subtract Line 2 from Line 1.
This amount is your taxable receipts. | 3 | _____ |
| 4 | Multiply Line 3 by 1 percent (.01).
This amount is your tax due on receipts.. | 4 | _____ |
| 5 | Enter the amount of your discount. (See instructions.) | 5 | _____ |
| 6 | Subtract Line 5 from Line 4.
This amount is your tax due after discount. | 6 | _____ |
| 7 | Enter the excess MPEA tax collected. | 7 | _____ |
| 8 | Add Line 6 and Line 7. This is your tax due. | 8 | _____ |
| 9 | Enter the credit amount. | 9 | _____ |
| 10 | Subtract Line 9 from Line 8. This is your net tax due. | 10 | _____ |
| 11 | Enter the total amount you have paid. | 11 | _____ |
| 12 | If Line 11 is greater than Line 10, enter the difference.
This is the amount you have overpaid . Go to Step 4. | 12 | _____ |
| 13 | If Line 11 is less than Line 10, enter the difference. Enter this amount on Page 1.
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 enter 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 this return and any payment to:

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

