

**CITY OF ST. CHARLES**  
TWO EAST MAIN STREET  
ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: FINANCE

PHONE: (630) 377-4429

FAX: (630) 377-4487

**ALCOHOL TAX RETURN**

For Month Ending \_\_\_\_\_

Name of Business \_\_\_\_\_

Taxes must be paid prior to the last day of the calendar month subsequent to the month of collection

**Computation of Tax:**

1. Gross Alcohol Sales 1. \_\_\_\_\_
2. Amount of Tax 2. \_\_\_\_\_  
Multiply Line 1 by 2% (.02)
3. DEDUCT Commission if Paid on Time 3. \_\_\_\_\_  
Multiply line 2 by 1% (.01)
4. Amount of Tax Payable 4. \_\_\_\_\_  
(Line 2 Less Line 3)
5. Penalty for Late Filing/Payment 5. \_\_\_\_\_  

**1st late penalty Multiply Line 2 by 5% (.05) or \$50.00 whichever is greater**  
**2nd late penalty Multiply Line 2 by 5% (.05) or \$100.00 whichever is greater**  
**3rd late penalty Multiply Line 2 by 5% (.05) or \$150.00 whichever is greater**
6. Interest for Late Filing Per Month 6. \_\_\_\_\_  
Multiply Line 2 by 1.25% (.0125) x months
7. Tax, Penalties, Interest from Previous Months 7. \_\_\_\_\_
8. Amount Payable to City 8. \_\_\_\_\_  
(Add Lines 4 + 5 + 6 + 7)

**All Figures Are Subject To Audit**

I hereby affirm that the statements herein contained are taken from the books and records of the above listed establishment and are correct to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (Year)

Signature \_\_\_\_\_

Name (Please Print ) \_\_\_\_\_

Title \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

This form may be duplicated by local establishments for tax payment purposes.

Revised 3/24/14