

CITY OF ST. CHARLES
FINANCE DEPARTMENT
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984
PHONE: (630) 377-4429 FAX: (630) 377-4487



ALCOHOL TAX RETURN

Month Ending: _____ Account #: _____

Name of Business: _____

Due Dates: Jan: Due Feb 28 May: Due Jun 30 Sep: Due Oct 31
 Feb: Due Mar 31 Jun: Due Jul 31 Oct: Due Nov 30
 Mar: Due Apr 30 Jul: Due Aug 31 Nov: Due Dec 31
 Apr: Due May 31 Aug: Due Sep 30 Dec: Due Jan 31

Computation of Tax:

1. Gross Alcohol Sales 1. _____
2. Amount of Tax 2. _____
Multiply Line 1 by 3% (.03)
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 _____
(Day) (Month) (Year)

Signature _____
Name (Please Print) _____ Title _____

Email Address _____ Phone # _____

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