	CITY OF WEST CHICAG PACKAGE LIQUOR ONL TAX REMITTANCE FOR	D Y A VI	mt. Paid: ostmark:	(Office Use Only)
Business Name:				
Mailing Name (dba):				
A				
City:	West Chicago State	: <u>IL</u>	Zip:	<u>60185</u>
Name of Preparer:				
Address:		Phor	ne:	
City:			e, Zip:	
,			/ I	
Computation of Tax 1. Gross Receipts: 2. Tax Rate: 3. Gross Tax (line 1 multiplied by Tax Rate): 4. Late Payment Penalty (line 3 multiplied by 2%): 5. Excess Tax Collected 6. Total Amount Due (Add lines 3, 4 and 5):		<u></u>	Package Li	2%
Remittance Instructions:Please remit the amount indicated on line 5 above. Check should be made payable to the City of West Chicago. This form and a copy of the Illinois Department of Revenue From ST-1 (state sales tax return) for the corresponding period must accompany your remittance.Your remittance must be received by the City at the address show below by the 25 <sup>th</sup> of the month following the month when the taxes are collected. If the 25 <sup>th</sup> of the month falls on a Sunday or holiday when the City Hall is closed, payment must be received by the next business day. However, a payment sent by mail must be postmarked no later than the 25 <sup>th</sup> of the month.If the 25 <sup>th</sup> of the month falls on a Sunday or national holiday when the U.S. Postal Service is closed, the remittance must be postmarked by the next business day.Affirmation: Under penalties provided by ordinance, I hereby affirm that the statements are contained herein are taken from the books and records of the above business and are true and correct to the rest of my knowledge.				
	nent and copy of ST-1 return to: West Chicago			
Attn: Pa	Date			
475 Main Street Si West Chicago, IL 60185				

Phone: 630-293-2200 (Forms available online at <u>www.westchicago.org</u>)

Fax: 630-293-3028

Title

Printed Name