 For the Month Ending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Office Use Only)

Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amt. Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postmark: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PACKAGE LIQUOR ONLY**

**TAX REMITTANCE FORM**

**CITY OF WEST CHICAGO**

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Name (dba): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_West Chicago\_\_\_\_\_\_\_\_ State: \_\_\_IL\_\_\_\_ Zip: \_\_60185\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Preparer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Computation of Tax Liability:**

**Package Liquor**

1. Gross Receipts: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Tax Rate: 2%
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): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 25th of the month following the month when the taxes are collected. If the 25th 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 25th of the month. If the 25th 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.

Return Original and Payment and copy of ST-1 return to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City of West Chicago Date

Attn: Package Liquor Tax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

475 Main Street Signature

West Chicago, IL 60185 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: 630-293-3028 Printed Name

Phone: 630-293-2200 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Forms available online at [www.westchicago.org](http://www.westchicago.org)) Title