



# CITY OF WEST CHICAGO

## PACKAGE LIQUOR ONLY TAX REMITTANCE FORM

(Office Use Only)

Date Paid: \_\_\_\_\_  
Amt. Paid: \_\_\_\_\_  
Postmark: \_\_\_\_\_  
Check #: \_\_\_\_\_

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

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

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

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

City: West Chicago State: IL Zip: 60185

Name of Preparer: _____	Email: _____
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 Form 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 best of my knowledge.

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

City of West Chicago  
Attn: Package Liquor Tax  
475 Main Street  
West Chicago, IL 60185  
Fax: 630-293-3028  
Phone: 630-293-2200

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Title

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