VILLAGE OF LINCOLNWOOD, ILLINOIS
MONTHLY PACKAGED LIQUOR TAX RETURN
Effective April 1, 2024
Due Date: The 20th Day of The Following Month

Month/Year of Collection: _____

Payer Name:_____
Payer Address:_____
_____
Contact Person Name:_____
Contact Person Phone#: _____
Contact Person Email:_____

Local Business Name:_____
Local Business Address:_____
_____
Illinois Business Tax (IBT) Number for Lincolnwood Business Location (from ST-1)
#_____

COMPUTATION OF TAX LIABILITY

1) Total Amount of Packaged Liquor Sales
   (Net of any retail taxes collected) $_____

2) Lincolnwood Packaged Liquor Sales Tax
   (Line 1 X 2% ($0.02) $_____

3) Total Tax and Penalty Due $_____

Under penalties of perjury and other penalties provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

_____ _____
Signature of Preparer Date Signature of Taxpayer Date

Drop off or mail this completed return and check for amount shown on line 5 along ***with copy of Illinois Department of Revenue form ST-1 (<u>not</u> the attachment to form ST-1)*** to:

Finance Department, Village of Lincolnwood, 6900 N. Lincoln Ave., Lincolnwood, IL 60712

For any questions or if you need an additional form, please call the Village of Lincolnwood at (847) 673-1540.

FOR OFFICE USE ONLY: CR CODE PACKAGED LIQUOR TAX; DEPOSIT TO GENERAL ACCOUNT

Use your 'Mouse' or the 'Tab key' to move through the fields and 'Mouse' or 'Space bar' to enable the checkboxes.

Illinois Department of Revenue

ST-1 Sales and Use Tax and E911 Surcharge Return

REV 08 FORM 002
E S ___/___/___
NS CA RC

Account ID _____ This form is for: _____
(Reporting period)

You must round your figures to whole dollars. (See instructions.)

Step 1: Alcoholic Liquor Purchases (See instructions.)

If you are not required to report your purchases, go to Step 2.

Note: Distributors will also report your total purchases to us.

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) _____|____

Step 2: Taxable Receipts

1 Total receipts (Include tax.) **1** _____|____

2 Deductions - **include tax collected** (From Schedule A, Line 30.) **2** _____|____

3 Taxable receipts (Subtract Line 2 from Line 1.) **3** _____|____

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a _____|____ x _____ (rate) = **4b** _____|____

Food, drugs, and medical appliances

5a _____|____ x _____ (rate) = **5b** _____|____

Sales from locations outside Illinois

General merchandise

6a _____|____ x .0625 = **6b** _____|____

Food, drugs, and medical appliances

7a _____|____ x .01 = **7b** _____|____

Sales at prior rates

Receipts taxed at other rates

8a _____|____ x _____ (rate) = **8b** _____|____

9 Tax due on receipts (Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** _____|____

Step 4: Retailer's Discount and Net Tax on Receipts

10 Retailer's discount - If qualified, multiply Line 9 by the applicable rate. (See instructions.) **10** _____|____

11 Net tax due on receipts (Subtract Line 10 from Line 9.) **11** _____|____

Step 5: Tax on Purchases

General merchandise

12a _____|____ x .0625 = **12b** _____|____

Food, drugs, and medical appliances

13a _____|____ x .01 = **13b** _____|____

Purchases at other rates

14a _____|____ **14b** _____|____

15 Tax due on purchases (Add Lines 12b, 13b, and 14b.) **15** _____|____

Step 6: Net Tax Due

16 Tax due from receipts and purchases (Add Lines 11 and 15.) **16** _____|____

16a Manufacturer's Purchase Credit (See instructions.) **16a** _____|____

17 Prepaid sales tax (Attach PST-2 copy A.) **17** _____|____

18 Quarter-monthly (accelerated) payments **18** _____|____

19 Total prepayments (Add Lines 16a, 17, and 18.) **19** _____|____

20 Net tax due (Subtract Line 19 from Line 16.) **20** _____|____

Step 7: Payment Due

21 E911 Surcharge and ITAC Assessment (From Schedule B, Line 10.) **21** _____|____

22 Excess tax, surcharge, and assessment collected (See instructions.) **22** _____|____

23 Total tax, surcharge, and assessment due (Add Lines 20, 21, and 22.) **23** _____|____

24 Credit amount (See instructions.) **24** _____|____

25 Payment due (Subtract Line 24 from Line 23.) **25** _____|____

Step 8: Sign Below

Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete. The information in this return is taken from the records of the business for which it is filed.

_____ _____ ____/____/____
Taxpayer Phone Date

_____ _____ ____/____/____
Preparer Phone Date

ST-1 (R-07/19)

Owner's name _____

Business name _____

Business address _____

_____

Mailing address _____

_____

_____

Make your payment to

ILLINOIS DEPARTMENT OF REVENUE
RETAILERS' OCCUPATION TAX
SPRINGFIELD IL 62736-0001

Printed by the authority of the state of Illinois — Web only, One copy

Account ID: _____ **This form is for:** _____

Schedule A — Deductions

Section 1: Taxes and miscellaneous deductions - If no Section 1 deductions, go to Section 2.

1	Taxes collected on general merchandise sales and service		1
2	Taxes collected on food, drugs, and medical appliances sales and service		2
3	E911 Surcharge and ITAC Assessment collected		3
4	Resale	•	4
5	Interstate commerce	•	5
6	Manufacturing machinery and equipment (MM&E) - Do *not* include deduction for graphic arts.	•	6
7	Farm machinery and equipment	•	7
8	Graphic arts machinery and equipment - Do *not* combine with deduction for MM&E on Line 6.	•	8
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	•	9
10	Enterprise zone		
	a Sales of building materials	•	10a
	b Sales of items other than building materials	•	10b
11	High impact business		
	a Sales of building materials	•	11a
	b Sales of items other than building materials	•	11b
12	River edge redevelopment zone building materials	•	12
13	Exempt organizations	•	13
14	Uncollectible debt on which tax was previously paid	•	14
15	Sales of service - Identify here: _____		15
16	Other (including cash refunds, newspapers and magazines, etc.) - Identify below.		
	_____		16
17	Total Section 1 deductions. Add Lines 1 through 16.		17

Section 2: Motor fuel deductions - If no Section 2 deductions, go to Section 3.

	State motor fuel tax (See instructions.)	**Number of gallons/DGEs/GGEs**	**Rate**	
18	Gasoline	18a _____ x	_____ =	18b
19	Gasohol and majority blended ethanol	19a _____ x	_____ =	19b
20	Diesel (including biodiesel and biodiesel blends)	20a _____ x	_____ =	20b
21	Dieselhol and other fuels at diesel rate	21a _____ x	_____ =	21b
22	Liquefied natural gas and liquefied petroleum gas	22a _____ x	_____ =	22b
23	Compressed natural gas and other fuels at gasoline rate	23a _____ x	_____ =	23b

	Specific fuels sales tax exemption	**Receipts**	**Percentage**	
24	Biodiesel blend (no less than 1% but no more than 10% biodiesel)	24a _____ x	20% (.20) =	24b
25	Biodiesel blend (more than 10% but no more than 99% biodiesel)	25a _____ x	100% (1.00) =	25b
26	100 percent biodiesel	26a _____ x	100% (1.00) =	26b
27	Majority blended ethanol fuel	27a _____ x	100% (1.00) =	27b
28	Other motor fuel deductions _____			28
29	Total Section 2 deductions. Add Lines 18b through 28.			29

Section 3: Total deductions

30	Add Lines 17 and 29. Enter this amount on Step 2, Line 2 on the front page of this return.	30

Schedule B — E911 Surcharge and ITAC Assessment

Receipts from retail transactions of prepaid wireless telecommunications service

1	Enter receipts subject to E911 Surcharge and ITAC Assessment.	1

Figure your breakdown of retail transactions for Chicago locations

2	For Chicago locations	2a _____ x _____ =	2b
3	For Chicago locations at prior rates	3a _____ x _____ =	3b
4	Total for Chicago locations. Add Lines 2b and 3b.		4

Figure your breakdown of retail transactions for non-Chicago locations

5	For non-Chicago locations	5a _____ x _____ =	5b
6	For non-Chicago locations at prior rates	6a _____ x _____ =	6b
7	Total for non-Chicago locations. Add Lines 5b and 6b.		7

Figure your net E911 Surcharge and ITAC Assessment

8	Total E911 Surcharge and ITAC Assessment. Add Lines 4 and 7.	8
9	Discount - If you qualify, multiply Line 8 by the applicable rate. See instructions.	9
10	Subtract Line 9 from Line 8. Enter this amount on Step 7, Line 21.	10

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