## VILLAGE OF MORTON GROVE 6101 W. CAPULINA MORTON GROVE, IL 60053 MAIN NUMBER: 847-965-4100

FAX: 847-663-6028

## PACKAGED BEER, WINE, AND LIQUOR SALES TAX RETURN

MONTHLY REMITTANCE FORM

	D LIQUOR SALES TAX COLLECTION F	PERIOD: MONTH AND
BUSINESS NAME		
ADDRESS		7ID
	STATE	
Illinois Business Tax Number for Morton	n Grove Business Location (from Illinois ST-1)	<u></u>
DAYMENT AND TAY DE	TURN ARE DUE 20 DAYS AFTEI	THE CLOSE OF
THE ABOVE COLLECTION	ON PERIOD TO AVOID PENALT	IES.
1. GROSS SALES OF PACKAGED	BEER, WINE, AND LIQUOR SALES.	
**IF LINE 1 DOES NOT MATCH I	INE 3 FROM THE ST-1, PLEASE EXPLAIN	WHY:
2. VILLAGE TAX RATE IS 2%		0.02
3. MULTIPLY LINE 1 BY LINE 2.	THIS IS YOUR TOTAL PACKAGED BEER,	
WINE, AND LIQUOR TAX DUE:		
IF FILING AND/OR PAYING	AFTER THE DUE DATE, THE FOLLOWI	NG PENALTIES MUST BE
	INCLUDED WITH PAYMENT	
4. LATE FILING FEE: LINE 3 (TA	X DUE) multiplied by 5% or \$50, whichever is	
greater.		
`	TAX DUE) MULTIPLIED BY 10% or \$100,	
whichever is greater		
ADD LINES 3, 4, AND 5. THIS IS	YOUR TOTAL TAX AND PENALTIES DUE	
	R PENALTIES PROVIDED BY LAW, I DECLARE THAT I HA	
	AND STATEMENT, AND TO THE BEST OF MY KNOWLEDO RER (OTHER THAN TAXPAYER) IS BASED ON ALL INFOR	
	HAT THE INFORMATION SET FORTH IS TAKEN FROM TH	IE BOOKS AND RECORDS OF THE
BUSINESS FOR WHICH THIS RETURN IS FILE	ED	
SIGNATURE OF TAXPAYER	PRINTED NAME	TITLE
SIGNATURE OF PREPARER	PRINTED NAME	

DATE CONTACT PHONE

THIS FORM IS AUTHORIZED AS OUTLINED BY TITLE 1, CHAPTER 10, ARTICLE P OF THE VILLAGE OF MORTON GROVE CODE. DISCLOSURE OF THIS INFORMATION IS REQUIRED. COPIES OF ILLINOIS DEPARTMENT OF REVENUE SALES AND USE TAX AND E911 SURCHARGE RETURN FOR THE PERIOD COVERED BY THIS RETURN MUST BE SUBMITTED WITH THE VILLAGE RETURNS. FAILURE TO COMPLY MAY RESULT IN A PENALTY AND REVOCATION OF BUSINESS LICENSE.