



CITY OF ELGIN
 Finance Department
 150 Dexter Court
 Elgin, IL 60120

Phone: 847-931-5625

Fax: 847-931-5622

ALCOHOLIC LIQUOR TAX RETURN

For Month Ending: _____

Name of Business: _____

The returns shall be due on or before the last day of the calendar month next succeeding the end of the monthly filing period

Computation of Tax

- | | |
|--|----------|
| 1. Gross Alcohol Sales: | 1. _____ |
| 2. Amount of Tax
Multiply Line 1 by 3% (.03) | 2. _____ |
| 3. DEDUCT Commission if Paid on Time
Multiply Line 2 by 1% (.01) | 3. _____ |
| 4. Amount of Tax Payable
Subtract Line 3 from Line 2 | 4. _____ |
| 5. Penalty for Late Filing/Payment
Multiply Line 2 by 5% (.05) | 5. _____ |
| 6. Interest for Late Filing per Month
Multiply Line 2 by 1% (.01) per month | 6. _____ |
| 7. Tax, Penalties, Interest from Previous Months | 7. _____ |
| 8. Amount Payable to City
Lines 4 + 5+ 6+ 7 | 8. _____ |

All Figures Are Subject To Audit

I hereby affirm that the statements herein contained are taken from the books and records of the above listed establishment and are correct to the best of my knowledge.

Dated this _____ day of _____, _____
 (Day) (Month) (Year)

Signature: _____

Name (Please Print): _____

Title: _____

Email Address: _____