CITY OF PEKIN PACKAGE LIQUOR TAX MONTHLY REMITTANCE FORM

Pursuant to City of Pekin Code No. 2578-08/09

Month/Year of Collection:_____Date Received by City:_____

Payer/Corporate Name: _____
Address: _____Phone Number:_____
City: _____ State: _____ Zip: _____

Contact Name: _____Contact Phone Number: _____
Business/DBA Name: _____
Local address: _____ Phone Number:_____
City: _____ State: _____ Zip: _____

Illinois Business Tax (IBT) #: _____ Check if this is your last return: [ ]

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

COMPUTATION OF PACKAGE LIQUOR TAX LIABILITY

Retail sale of packaged liquor beverages

1. Gross sales of packaged liquor……...$_____
2. 2% Package Liquor Tax (line 1 X .02)…..……..$_____
3. Less compensation for services rendered in collection and payment of this tax (line 2 X .01)…….$_____
4. Net Tax Due (line 2 minus line 3)……..$_____
5. 10% Late filing penalty (line 2 x .10)……Check here if late [ ]…….……$_____
6. Interest Charge (line 2 X .02 for each month)…… No. of months_____…….$_____
7. Total tax, interest and penalty, if applicable, due (add lines 4, 5, 6)…..…….$_____

Make your check payable to: **City of Pekin**

Mail this completed and signed return, the check for the amount shown on Line 5, and a copy of the Illinois Department of Revenue Form ST-1 to:

City of Pekin
Attn: Treasurer
111 S. Capitol St.
Pekin, IL 61554

Questions? Contact City Treasurer at either: 309-478-5354 or 478-5394.

Due on the 20th day of the calendar month succeeding the end of the filing period.