CITY OF HIGHLAND PARK

PACKAGE LIQUOR TAX RETURN FORM

Please Print or Use Typewriter

For Tax Period Ending: _____ Due Date: _____

Due on or before the last day of subsequent month.

Payee Name (Corporate/Company) and Address (Mailing Address):

_____

_____

_____

_____

_____

Phone: _____

Business Name (DBA) and Address (Business Location):

_____

_____

_____

_____

_____

Phone: _____

COMPUTATION OF TAX LIABILITY

Please note that post-dated checks will not be accepted.

1.	Total Sales Subject to Tax (taxable receipts from IDOR Sales & Use Tax Return)			_____
2.	**Package Liquor Tax**	**(Line 1 above x 1%)**		_____
3.	Interest if Past Due	(Line 2 above x 2% x # of months late)	(+)	_____
4.	Penalty – Failure to File and Failure to Pay	(Line 2 above x 10%)	(+)	_____
5.	**Amount Due**	(Add lines 2, 3, and 4)	(=)	_____

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

Preparer Phone Number: _____ e-mail address (optional): _____

Please mail this completed return, a check in the amount shown on line 5, and a copy of the Illinois Department of Revenue Form ST-1 (and ST-2 if applicable) (returns submitted without a copy of the state ST Form(s) will be considered incomplete), if applicable, to:

City of Highland Park
Attn: Finance Dept., Food/Bev Tax
1707 St. Johns Ave
Highland Park, IL 60035

Phone: 847.432.0800
Fax: 847.432.2617