

# PACKAGE LIQUOR SALES TAX RETURN-Worksheet



## CITY OF ROCKFORD

425 East State Street  
Rockford, IL 61104

Under penalties provided by Law, the undersigned certifies that this return is true and accurate to the best of his/her knowledge and belief and is taken from the books and records of the business for which this return is filed.

- |   |          |
|---|----------|
| 1. Total gross receipts from the sale of packaged beer LESS ANY TAXES   | \$ _____ |
| 2. Total gross receipts from the sale of packaged wine LESS ANY TAXES   | \$ _____ |
| 3. Total gross receipts from the sale of packaged liquor LESS ANY TAXES | \$ _____ |
| 4. Net Packaged Liquor Receipts (Line 1 plus Line 2 plus Line 3)        | \$ _____ |
| 5. Multiply line 4 by tax rate 1% (.01)                                 | \$ _____ |
| 6. This equals the Packaged Liquor Sales Tax                            | \$ _____ |

*TAXPAYER'S COPY*

**(RETURN THIS SECTION WITH FINAL RETURN ONLY)**

### INSTRUCTIONS FOR FILING

1. This return is due on or before the last day of each month in which Packaged Liquor sales are made.
2. The law provides for significant financial penalties for late filing or failure to file this return.
3. Make check payable to: **City of Rockford**
4. Enclose the check and the top section of the return in the enclosed envelope. Keep the taxpayer's copy for your records.
5. Be sure to put postage on the envelope or the Post Office will not deliver it.

**FINAL RETURN**

If the business had been discontinued and/or no longer incurs liability for tax place a cross (X) in the square and answer the following.

<input type="checkbox"/> Business Sold	New Owner's Name	_____
<input type="checkbox"/> Business Discontinued	New Owner's Residence Address	_____
Date: _____	Former Owner's Residence Address	_____

RETURN THIS PORTION WITH YOUR CHECK MADE PAYABLE TO:



## CITY OF ROCKFORD

Local Tax Collection Section  
425 East State Street  
Rockford, IL 61104-1068

## PACKAGE LIQUOR SALES TAX RETURN

BUSINESS # \_\_\_\_\_

PERIOD ENDING \_\_\_\_\_

- |   |          |
|---|----------|
| 1. Total gross receipts from the sale of packaged beer LESS ANY TAXES   | \$ _____ |
| 2. Total gross receipts from the sale of packaged wine LESS ANY TAXES   | \$ _____ |
| 3. Total gross receipts from the sale of packaged liquor LESS ANY TAXES | \$ _____ |
| 4. Net Packaged Liquor Receipts (Line 1 plus Line 2 plus Line 3)        | \$ _____ |
| 5. Multiply line 4 by tax rate 1% (.01)                                 | \$ _____ |
| 6. This equals the Packaged Liquor Sales Tax                            | \$ _____ |

Under penalties provided by Law, the undersigned certifies that this return is true and accurate to the best of his/her knowledge and belief and is taken from the books and records of the business for which this return is filed.

(Signature)

Title \_\_\_\_\_

Date \_\_\_\_\_