

For Month Ended: _____

PACKAGED LIQUOR TAX RETURN FORM

Due Date: On or before the last day of each month following the month in which TAXABLE SALES are made.

Name: Address: Location:	IBT: Phone: Email:
COMPUTATION OF TAX LIABILITY	
1. Packaged Liquor Tax Base	
2. Amount of Tax - multiply line 1 by 2.75% (0.0275)	
3. Deduct Commission if paid on time - multiply line 2 by	2.1% (0.021)
4. Amount of Tax Payable - (line 2 less line 3)	
5. Penalty for Late Filing/Payment - multiply line 2 by 7.5	% (0.075)
6. Interest for Late Filing per month - multiply line 2 by 1. each month (including any partial month) that payment is	
7. Tax, Penalties, Interest - from previous months	
8. Gross Amounts Payable (Add lines 4 + 5 + 6 + 7)	
9. Deduct Authorized City Credits Due	
10. Total Taxes Payable (line 8 less line 9)	
 This return is due on or before the last day of each month following the mon The governing ordinance provides for significant financial penalties for late fi Make check payable to: CITY OF AURORA. You may also complete this form Enclose the check and a copy of the form in the enclosed envelope. Keep ac Be sure to put proper postage on the envelope or the Post Office will not del 	ling or failure to file this return. and pay tax online via our website www.aurora-il.org. opy for your records.
IF OUT OF BUSINESS FINAL RETURN CHECK HERE	OFFICE USE ONLY

IF OUT OF BUSINESS FINAL RETURN CHECK HERE	
LAST TAXABLE SALE DATE	
IF AMENDED RETURN CHECK HERE	
DATE ORIGINAL PAID	

OFFICE USE ONLY CK #: DATE: AMT: BY:

City of Aurora Attn: Revenue and Collection Division 44 East Downer Place Aurora, IL 60505 Phone: 630-256-3560 Fax: 630-256-3569 Email zero (\$0) dollar return to: <u>FBtax@aurora.il.us</u>

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.