



CITY OF EVANSTON LIQUOR TAX RETURN STATEMENT - 2008

Please mark (X) the appropriate month for payment.

_____ January	_____ April	_____ July	_____ October
_____ February	_____ May	_____ August	_____ November
_____ March	_____ June	_____ September	_____ December

Business Name: _____

DBA: _____

Address of Business: _____

City, State, Zip Code: _____

1. TOTAL TAXABLE RECEIPTS FROM SALE OF ALCOHOLIC BEVERAGES, EXCLUSIVE OF ALL TAXES: 1. \$ _____
X 0.06 =

2. AMOUNT OF TAX: (Multiply Line 1 by 6%) 2. \$ _____
X 0.02 =

3. ADMINISTRATIVE FEE: (Multiply Line 2 by 2%) 3. \$ _____

4. TAX AMOUNT DUE: (Subtract Line 3 from Line 2) 4. \$ _____
X 0.01 =

5. Late Filing Penalty of 1% per month (if applicable): 5. \$ _____

6. TOTAL TAX & PENALTY DUE: (add Lines 4 & 5) 6. \$ _____

UNDER PENALTIES AS PROVIDED BY LAW, THE UNDERSIGNED ATTESTS THAT THIS TAX 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 IS FILED.

Signature of Tax Payer Title Phone Number

Signature of Person Preparing Return

Note: **This return must be filed on or before the 30th day of the calendar month succeeding the end of the monthly filing period.** If the return is filed late, a penalty of 1% per month is assessed. Mail this completed form along with the check for the amount shown on line 6 to:

CITY OF EVANSTON
Attn: Liquor Tax
City Collector's Office
2100 Ridge Avenue
Evanston, Illinois 60201