

**VILLAGE OF SKOKIE
PACKAGED LIQUOR TAX
MONTHLY RETURN FORM**



Month/Year
Of Collection: _____

Due Date:
THE 20TH DAY OF THE FOLLOWING MONTH

Business Name _____
Business Address _____
Contact Name and Telephone _____

Illinois Business Tax (IBT) Number
For Skokie Business Location (from Illinois ST-1) _____

I declare that the information on this return is, to the best of my knowledge and belief, true, correct and complete. I further declare that the information set forth is taken from the official books and records for the business for which this return is filed.

Signature of Preparer

COMPUTATION OF PACKAGED LIQUOR TAX LIABILITY

SPECIFIC DEFINITIONS CAN BE FOUND IN SECTION 98-360 OF THE SKOKIE VILLAGE CODE

1. Total Amount of Packaged Liquor Sales:
(Net of any retail taxes collected) _____

2. Computed Tax Liability:
(Line 1 x .02) _____

3. Administrative Commission:
(Line 2 x .01) _____
-- DOES NOT APPLY TO LATE FILINGS --

4. **Net Tax Due:**
(Line 2 minus Line 3) _____

Mail this completed return and check (payable to Village of Skokie), for the amount shown on line 4, along with a copy of the Illinois Department of Revenue form ST-1/ST-2 and any other supporting documentation to:

Village of Skokie
Attention: Collections Division
5127 W. Oakton Street
Skokie, Illinois 60077

*For ACH payments, contact 847/933-8243
Email Remittance: TaxFilings@Skokie.org*