



ALCOHOLIC BEVERAGE TAX
MONTHLY TAX RETURN FORM

Village of Carol Stream

For the Month Ending: \_\_\_\_\_ Due Date: Last day of the following month covered by return.

Form with two columns: Payer Name (Corporate/Company) and Address (Mailing Address); Business Name (DBA) and Local Address (Business Address). Includes multiple horizontal lines for text entry.

CALCULATION OF TAX LIABILITY

- 1. Gross Alcohol Sales \$ \_\_\_\_\_
2. Amount of Tax (Multiply Line 1 by 2% (.02)) \$ \_\_\_\_\_
3. Deduct Admin. Fee (ONLY IF PAID ON TIME) (Multiply Line 2 by 1% (.01)) \$ ( \_\_\_\_\_ )
4. Amount of Tax Payable \$ \_\_\_\_\_
5. \$50 Penalty for Late Filing/Payment (a) \$ \_\_\_\_\_
6. Total Amount Due (Lines 4 + 5) \$ \_\_\_\_\_

(a) A late penalty of \$50 is due if the tax return and payment are not received by the Village by the last day of the month for which taxes are payable. An additional \$50 shall be added and collected for each additional month or portion thereof in which taxes due remain unpaid.

Under the 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 contains information that is true, correct and complete. I further certify that the information reported herein, is taken from the books and records of the business for which this return is filed.

Signature of Preparer

Date

Preparer Phone: \_\_\_\_\_

Preparer E-Mail \_\_\_\_\_

Please make checks payable to the Village of Carol Stream and direct your payment and return to:

Village of Carol Stream
Attn: Finance Dept. - Alcohol Tax
500 N. Gary Avenue
Carol Stream, IL 60188

Questions?
Phone: 630-665-7050

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