



City of Batavia

100 N. Island Ave. Batavia, IL 60510

DEPARTMENT: FINANCE

PHONE: (630) 454-2032

FAX: (630) 454-2001

MUNICIPAL ALCOHOL RETAIL SALES TAX RETURN

For Month Ending _____

Name of Business _____

This return and the tax due must be filed and paid prior to the 20th day of the calendar month subsequent to the month of sales. **Keep more of this tax for your business by using our Online System - File or File and Pay Online for Additional Discounts. Use Xpress Bill Pay.**

Computation of Tax:

- | | |
|--|----------|
| 1. Gross Alcohol Sales | 1. _____ |
| 2. Amount of Tax
Multiply Line 1 by 2% (.02) | 2. _____ |
| 3. Deduct Admin Fee if Paid on Time
Multiply line 2 by 1% (.01) | 3. _____ |
| USE ONLINE SYSTEM FOR ADDITIONAL DISCOUNTS | |
| 4. Amount of Tax Payable
(Line 2 Less Line 3) | 4. _____ |
| 5. Penalty for Late Filing/Payment
Multiply Line 2 by 7.5% (.075) | 5. _____ |
| 6. Interest for Late Filing Per Month
Multiply Line 2 by 2.% (.02) x months | 6. _____ |
| 7. Tax, Penalties, Interest from Previous Months | 7. _____ |
| 8. Amount Payable to City
(Add Lines 4 + 5 + 6 + 7) | 8. _____ |

All Figures Are Subject To Audit

I hereby affirm that the statements herein contained are taken from the books and records of the above listed establishment and are correct to the best of my knowledge.

Dated this _____ day of _____
(Day) (Month) (Year)

Signature _____

Name (Please Print) _____

Title _____

Email Address: _____

Phone No. _____

This form may be duplicated by local establishments for tax payment purposes.

Payments can be made at or mailed to City of Batavia, Finance Office, 100 N. Island Ave. Batavia, IL 60510