



City of Carbondale
 Finance Department
 200 S. Illinois Avenue
 Carbondale, Illinois 62901
 Phone (618) 457-3277
 Fax (618) 457-3283
 Explorecarbondale.com

PACKAGE ALCOHOL LIQUOR SALES TAX RETURN

For filing of	quarter of year	Due on or before
Name of business	Illinois State Sales Tax Registration No.	
Business Address		
Mailing Address (Address to which form should be sent if different from above)		
PACKAGE ALCOHOL LIQUOR SALES TAX UNDER TITLE 7, CHAPTER 13 OF THE CARBONDALE REVISED CODE		
Total gross receipts from sales of package alcohol liquor, exclusive of any taxes	\$	
4% Package Alcohol Liquor Sales Tax	\$	
Penalty if filed late: 5% per month or part thereof	\$	
Correction of prior period return(s)	\$	
Total tax to be remitted	\$	
If this is a final return or there has been a change in ownership, complete the following		
Business Sold	Date	Business Discontinued
Date		
New owner's name		
New owner's residence address		
Former owner's residence address		

NOTE: This return must be filed on or before the 20th day of the calendar month succeeding the end of the quarter filing period. If the return is filed late, a penalty is assessed at the rate of 5% per month, or portion thereof, for as long as the return remains outstanding. Please attach a copy of your Illinois Department of Revenue ST-1 Return as support documentation.

Mail ST-1 Return, Sales Tax Return and payment to City of Carbondale, Finance Department, P.O. Box 2947, Carbondale, Illinois 62902-2947

Under penalties as provided by law, I declare that I have examined this return, including any accompanying schedules and statements and to the best of my knowledge and belief, it is true and complete. I further declare that the information is from the books and records of the business for which this return is filed.

Signature of Taxpayer		Signature of person, other than Taxpayer, preparing this form	
Title		Name of Firm or Employer	
Date signed	Phone	Date prepared	Phone