

Robert J. Lovero
Mayor



**Collections and
Licensing**

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CITY OF BERWYN - PACKAGE LIQUOR TAX RETURN

Tax Period: _____ Due Date: _____

Name Business Name

Address Business Address

City, State, Zip Code City, State, Zip Code

LIQUOR LICENSE NUMBER: _____ **CLASS** _____

Local Retailers' Occupation Tax Base _____

COMPUTATION OF TAX LIABILITY

1. Gross Sales Of Packaged Beer, Wine and Liquor _____
2. Package Liquor Tax (Line 1 X 2%) _____
3. Late Payment Penalty (2% Per month - If Paid after due date) _____
4. Total Tax and Penalty Due (Add Lines 2 & 4) _____

Under 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 is true, correct and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

Signature of Preparer Date

Signature of Taxpayer Date

**MAIL THIS COMPLETED RETURN, AND CHECK, FOR AMOUNT SHOWN ON
LINE 5 ALONG WITH A COPY OF ILLINOIS DEPARTMENT OF REVENUE
FORM RR-1-A TO: CITY OF BERWYN COLLECTIONS
6700 W. 26TH STREET, BERWYN, IL 60402**