



# Finance Department

300 Plaza Circle • Mundelein, IL 60060

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## PACKAGE LIQUOR TAX RETURN FORM

FOR THE MONTH ENDING: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ MAILING NAME (DBA): \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF PREPARER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### PACKAGE LIQUOR TAX - COMPUTATION OF TAX LIABILITY

1.	Gross Receipts	\$ _____
2.	Tax Rate	<input type="text" value="3%"/>
3.	Gross Tax (Line 1 x Tax Rate)	\$ _____
4.	Late Payment Penalty (Line 3 x 2%) [if not paid by the end of the following month]	\$ _____
5.	<b>Total Amount Due (Line 3 + Line 4)</b>	<input type="text" value="\$"/>

#### Remittance Instructions

Please remit the amount indicated on line 5 above. The check should be made payable to the Village of Mundelein. Your remittance must be received by the Village at the address shown above by the last day of the month following the month when the taxes are collected. If you have any questions, please contact Finance Director Doug Haywood at (847) 949-3211 or dhaywood@mundelein.

#### Affirmation

Under penalties provided by ordinance, I hereby affirm that the statements contained herein are taken from the books and records of the above business and are true and correct to the best of my knowledge.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_