


ST-14-X Amended Chicago Soft Drink Tax Return

REV 03 FORM 103
E S ____/____/____
NS DP CA RC

Do not write above this line.

Read this information first

- If you are making a payment with this return, write the **amount you are paying here.**  \$ _____
Make your payment to "Chicago Soft Drink Tax."
- If you are claiming an overpayment on this return and you collected the overpaid tax from your customer(s), you must refund the tax to your customer(s) before filing this return. When you complete this return, you must state, **under penalties of perjury**, in Step 4, that you unconditionally refunded the overpaid tax to your customer(s).

Step 1: Identify your business

- Account ID: _____ - _____
- Reporting period you are amending: ____/____/____ through ____/____/____
Month Day Year Month Day Year
- Business name _____

Step 2: Mark the reason why you are filing an amended return.

Check any appropriate lines below.

- | | |
|--|---|
| <p>1 ____ I took a deduction on my original return that was not allowed or was too large.</p> <p>2 ____ I should have taken a deduction or a larger deduction on my original return because I sold soft drinks</p> <p>a ____ to another Illinois business for resale.
(Business' Account ID no. _____)</p> <p>b ____ to an out-of-state customer, which was a sale in interstate commerce. The soft drinks were delivered to a location outside Illinois.</p> <p>c ____ to an exempt organization.
(Tax-exempt no. E- _____)</p> <p>d ____ that were returned by my customer.</p> <p>e ____ that were exempt for another reason. Please explain. _____</p> | <p>3 ____ I put an amount on the wrong line on Form ST-14.</p> <p>4 ____ I overcollected soft drink tax from my customer.</p> <p>5 ____ I made a computational error.</p> <p>6 ____ The original Account ID number was incorrect. The correct Account ID number is _____.</p> <p>7 ____ The original reporting period was incorrect. The correct reporting period is _____.</p> <p>8 ____ Other. Please explain. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|---|

Please turn page to complete Parts 3 and 4 

This form is authorized by ordinance of the city council of the city of Chicago and by related tax acts. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.



Step 3: Correct your financial information
Please round to the nearest whole dollar.

Column A
Most recent figures filed

Column B
Figures as they should
have been filed

1 Enter your total Chicago soft drink receipts.	1	_____	1	_____
2 Deductions				
a Enter taxes included in Line 1.	2a	_____	2a	_____
b Enter tax-exempt sales included in Line 1.	2b	_____	2b	_____
Add Line 2a and Line 2b.	2	_____	2	_____
3 Subtract Line 2 from Line 1. This amount is your taxable receipts.	3	_____	3	_____
4 Multiply Line 3 by 3 percent (.03). This is your tax due on receipts.	4	_____	4	_____
5 Enter the amount of your discount. (See instructions.)	5	_____	5	_____
6 Subtract Line 5 from Line 4. This is your net tax due.	6	_____	6	_____
7 Enter the excess tax collected.	7	_____	7	_____
8 Add Lines 6 and 7. This is your tax due.	8	_____	8	_____
9 Enter the credit amount.	9	_____	9	_____
10 Subtract Line 9 from Line 8. This is your net tax due.	10	_____	10	_____
11 Enter the total amount you have paid.			11	_____
12 If Line 11 is greater than Line 10, Column B, enter the difference. This is the amount you have overpaid . Go to Step 4.			12	_____
13 If Line 11 is less than Line 10, Column B, enter the difference. This is the amount you have underpaid . Please pay this amount. We will bill you for any penalty and interest that is due. Go to Step 4.			13	_____

Make your payment to "Chicago Soft Drink Tax."

Please enter the amount you are paying on the line provided on the front of this return.

Step 4: Sign below

Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete. Under penalties of perjury, I state that I have unconditionally refunded to my customer(s) any overpaid sales tax that I collected from my customer(s) and am claiming as an overpayment on this return.

_____	_____	() -	_____
Owner, partner, or officer's signature	Title	Phone	Date

_____	_____	() -	_____
Paid preparer's signature		Phone	Date

Mail to:

CHICAGO SOFT DRINK TAX ADMINISTRATION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19034
SPRINGFIELD IL 62794-9034

