## **Liquor Revenue Airline Return**

Station no. 073

REV :	1	
ES_	/_	_/
NS	DP	CA

St	ep 1: Identify your business  Account ID:	<b>6</b> □ Che	eck here	if your a	ddress h	as chang		not write abov	e this line.	
2	License no.: _ <b>L</b> _ <b>A</b>	7 Is this a final (you are no longer in business) return?  ☐ yes ☐ no								
3	Name:	-								
4	Address: Number and street									
	City State ZIP									
5	Tax period:/									
St	ep 2: Figure your tax due	Cide 7 % c	r 0.5% to or Beer	Alcoho 14%	lic liquor or less	Alcoholi > 14% -	c liguor - < 20%	Alcoholic 20% c	liquor r more	
8	Liquor imported into Illinois, tax not paid (From Schedule A)	8								
9	Liquor purchased in Illinois, tax not paid (From Schedule F)	9								
10	Illinois revenue passenger miles:									
11	System revenue passenger miles:									
12	System gallonage purchases for aircraft (excluding in-bond)	12								
13	Percentage of system domestic revenue passenger miles allocated to Illinois	13								
14	Multiply Line 12 by Line 13 - Total quantity subject to tax.	14		_						
15	Tax rate per gallon (tax periods on and after September 1, 2009)	15 <sup>\$</sup>	.231	\$	1.39	\$	1.39	\$	8.55	
16	Multiply Line 14 by Line 15 - Tax due for each liquor class.	16 <sup>\$</sup>		\$		\$		\$		
17	Add all columns' Line 16 - Total tax due.				17	\$				
18	If you timely file and pay this tax electronically multiply Line 17 by appropriate rate. See instructions.				18	\$		tronic Only		
19	Subtract Line 18 from Line 17.				19	\$				
20	Credit you wish to apply.				20	\$				
21	Subtract Line 20 from Line 19 and pay this amount.  Make your check payable to "Illinois Department of Revenue."				21	\$				
Und	ep 3: Sign below er penalties of perjury, I state that I have examined this return, all a ect, and complete. I also state that such information is taken from t	accompanying he books and	g schedu I records	lles, and	, to the bousiness f	est of my or which	knowle this retu	dge, it is ırn is filed	true, I.	
Owne	Title: Tritle: ror officer's signature and title (state if individual owner, member of firm, or corporate officer title)	(_	lephone num	- her (include	area code)	/	/_		-	
	Title:	(_	· )			/	/_		-	
	rer's signature and title (state if individual owner, member of firm, or corporate officer title)		elephone num	nber (include	area code)	Date				

Step 4: Mail your return or file electronically

Mail your completed return and attachments to



ALCOHOL, TOBACCO AND FUEL DIVISION ILLINOIS DEPARTMENT OF REVENUE PO BOX 19019 SPRINGFIELD IL 62794-9019