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Illinois Department of Revenue

RL-26-A-X Amended Liquor Revenue Airline Return

(R-06/26)

FORM 349 REV 01

E S ___/___/___

NS DP CA

Station no. 073 Do not write above this line.

Step 1: Identify your business

1 Account ID: __ __ __ __ __ __ __ __

2 License no.: L A - ___ ___ ___ ___ ___

3 Name: _____

4 Address: _____
Number and street

_____
City State ZIP

5 Tax period: __ __/__ __ __ __
Month Year

6 ☐ Check here if your address has changed.

7 Is this a final (you are no longer in buinsess) return?
☐ yes ☐ no

Step 2: Figure your tax due - *Figures as they should have been reported*

		Cider 0.5% to 7 % or Beer	Alcoholic liquor 14% or less	Alcoholic liquor >14% – ≤20%	Alcoholic liquor more than 20%
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 $ .231	$ 1.39	$ 1.39	$ 8.55
16	**Multiply Line 14 by Line 15** - Tax due for each liquor class.	16 $	$	$	$
17	**Add all columns' Line 16 -** Total tax due.			17 $	
18	If you timely file and pay this tax electronically multiply Line 17 by the appropriate rate. See instructions.			18 $ Electronic Use Only	
19	**Subtract Line 18 from Line 17.**			19 $	
20	Credit you wish to apply.			20 $	
21	**Subtract Line 20 from Line 19**. This is your net tax due.			21 $	
22	Total amount you have paid for this reporting period.			22 $	
23	**If Line 22 is greater than Line 21, subtract Line 21 from Line 22.** This is your overpayment.			23 $	
24	**If Line 22 is less than Line 21, subtract Line 22 from Line 21.** Pay this amount and make your check payable to **"Illinois Department of Revenue."**			24 $	

Step 3: Check the reason you are filing this amended return

☐ I received a Notice of Possible Overpayment or made a computation error that resulted in an overpayment of tax.

☐ I made a computation error that resulted in underpayment of tax.

☐ I made an error on a schedule or attachment.

☐ I should have taken a deduction for _____

☐ The original License no. was incorrect. The incorrect License no. is **LA -** __ __ __ __ __.

☐ The original reporting period was incorrect. The incorrect reporting period is _____.

☐ Other. Please explain. _____

Step 4: Sign below

Under penalties of perjury, I state that I have examined this return, all accompanying schedules, and, to the best of my knowledge, it is true, correct, and complete. I also state that such information is taken from the books and records of the business for which this return is filed.

_____ Title: _____ (____)____-_____ ____/____/_____
Owner or officer's signature and title (state if individual owner, member of firm, or corporate officer title) Telephone number (include area code) Date

_____ Title: _____ (____)____-_____ ____/____/_____
Preparer's signature and title (state if individual owner, member of firm, or corporate officer title) Telephone number (include area code) Date

Step 5: 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

This form is authorized by the Liquor Control Act of 1934. Disclosure of this information is required. Failure to provide information could result in a penalty.