Illinois Department of Revenue

RL-26-W-X Amended Liquor Direct Wine Shipper Return

(R-06/26)

Reset Form | Print Form

FORM 358 REV 1
E S ___/___/___
NS DP CA

Do not write above this line.

Station no. 264

Step 1: Identify your business

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

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

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 business) return?

☐ yes ☐ no

Step 2: Figure your tax due

8	Gallons of cider (alcohol content between 0.5% and 7%) shipped and sold directly to consumers:	8	
9	**Multiply Line 8 by .231**	9	$
10	Gallons of wine (alcohol content of less than or equal to 20%) shipped and sold directly to consumers:	10	
11	**Multiply Line 10 by 1.39**	11	$
12	Gallons of wine (alcohol content more than 20%) shipped and sold directly to consumers:	12	
13	**Multiply Line 12 by 8.55**	13	$
14	**Add Lines 9, 11, and 13. This is the total tax due.**	14	$
15	If you timely file and pay this tax electronically multiply Line 14 by the appropriate rate. See instructions.	15	$ Electronic Use Only
16	**Subtract Line 15 from Line 14.**	16	$
17	Credit you wish to apply.	17	$
18	**Subtract Line 17 from Line 16.** This is your net tax due.	18	$
19	Total amount you paid for the reporting period for which you are filing this amended return.	19	$
20	If Line 19 is greater than Line 18, **subtract Line 18 from Line 19.** This is the amount of your overpayment.	20	$
21	If Line 19 is less than Line 18, **subtract Line 19 from Line 18.** This is the amount you underpaid. Pay this amount. Make your check payable to "**Illinois Department of Revenue**."	21	$

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.
- If you checked this box, did you collect the overpaid tax from your customer? ☐ yes ☐ no
- If you checked "**yes**," did you unconditionally refund the overpaid tax? ☐ yes ☐ no

☐ 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 **LW-** __ __ __ __ __.

☐ 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, 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 electronically file at mytax.illinois.gov.

Mail your completed return to

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