



Account ID _____ This form is for: _____
(Reporting period)

You must round your figures to whole dollars. (See instructions.)

Step 1: Alcoholic Liquor Purchases (See instructions.)

If you are not required to report your purchases, go to Step 2.

Note: Distributors will also report your total purchases to us.

A Total dollar amount of alcoholic liquor purchased
(invoiced and delivered) _____

Step 2: Taxable Receipts

- 1 Total receipts (Include tax.) 1
2 Deductions - include tax collected (From Schedule A, Line 32.) 2
3 Taxable receipts (Subtract Line 2 from Line 1.) 3

Step 3: Tax on Receipts

Sales subject to Illinois sales tax

General merchandise 4a _____ x _____ = 4b _____
Food, drugs, and medical appliances (rate) 5a _____ x _____ = 5b _____
(rate)

Sales subject to Illinois Use Tax collection

General merchandise 6a _____ x .0625 = 6b _____
Food, drugs, and medical appliances 7a _____ x .01 = 7b _____

Sales at prior rates

Receipts taxed at other rates 8a _____ x _____ = 8b _____
(rate) 9 Tax due on receipts (Add Lines 4b, 5b, 6b, 7b, and 8b.) 9

Step 4: Retailers' Discount and Net Tax on Receipts

- 10 Retailers' discount - If qualified, multiply Line 9 by the applicable rate. (See instructions.) 10
11 Net tax due on receipts (Subtract Line 10 from Line 9.) 11

Step 5: Tax on Purchases

General merchandise 12a _____ x .0625 = 12b _____
Food, drugs, and medical appliances 13a _____ x .01 = 13b _____
Purchases at other rates 14a _____ 14b _____
15 Tax due on purchases (Add Lines 12b, 13b, and 14b.) 15

Step 6: Net Tax Due

- 16 Tax due from receipts and purchases (Add Lines 11 and 15.) 16
16a Manufacturer's Purchase Credit (See instructions.) 16a
17 Prepaid sales tax (Attach PST-2 copy A.) 17
18 Quarter-monthly (accelerated) payments 18
19 Total prepayments (Add Lines 16a, 17, and 18.) 19
20 Net tax due (Subtract Line 19 from Line 16.) 20

Step 7: Payment Due

- 21 E911 Surcharge and ITAC Assessment (From Schedule B, Line 10.) 21
22 Excess tax, surcharge, and assessment collected (See instructions.) 22
23 Total tax, surcharge, and assessment due (Add Lines 20, 21, and 22.) 23
24 Credit amount (See instructions.) 24
25 Payment due (Subtract Line 24 from Line 23.) 25

Step 8: 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. The information in this return is taken from the records of the business for which it is filed.

Taxpayer Phone Date / /
Preparer Phone Date / /

ST-1 (R-10/24)

Owner's name _____
Business name _____
Business address _____

Mailing address _____

Make your payment to

ILLINOIS DEPARTMENT OF REVENUE
RETAILERS' OCCUPATION TAX
SPRINGFIELD IL 62736-0001



Schedule A — Deductions

Section 1: Taxes and miscellaneous deductions - If no Section 1 deductions, go to Section 2.

1	Taxes collected on general merchandise sales and service	1	_____	_____
2	Taxes collected on food, drugs, and medical appliances sales and service	2	_____	_____
3	E911 Surcharge and ITAC Assessment collected	3	_____	_____
4	Resale	• 4	_____	_____
5	Interstate commerce	• 5	_____	_____
6	Manufacturing machinery and equipment (MM&E) - Do <u>not</u> include deduction for graphic arts.	• 6	_____	_____
7	Farm machinery and equipment	• 7	_____	_____
8	Graphic arts machinery and equipment - Do <u>not</u> combine with deduction for MM&E on Line 6.	• 8	_____	_____
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	• 9	_____	_____
10	Enterprise zone			
	a Sales of building materials	• 10a	_____	_____
	b Sales of items other than building materials	• 10b	_____	_____
11	High impact business			
	a Sales of building materials	• 11a	_____	_____
	b Sales of items other than building materials	• 11b	_____	_____
12	River edge redevelopment zone building materials	• 12	_____	_____
13	Exempt organizations	• 13	_____	_____
14	Uncollectible debt on which tax was previously paid	• 14	_____	_____
15	Sales of service - Identify here: _____	15	_____	_____
16	Other - Identify. (See instructions.) _____	16	_____	_____
17	Total Section 1 deductions. Add Lines 1 through 16.	17	_____	_____

Section 2: Motor fuel deductions - If no Section 2 deductions, go to Section 3.

<u>State motor fuel tax</u> (See instructions.)		<u>Number of gallons/DGEs/GGEs</u>	<u>Rate</u>		
18	Gasoline	18a _____	x _____	=	18b _____
19	Gasohol, mid-range ethanol blends, and majority blended ethanol	19a _____	x _____	=	19b _____
20	Diesel (including biodiesel and biodiesel blends)	20a _____	x _____	=	20b _____
21	Dieselhol and other fuels at diesel rate	21a _____	x _____	=	21b _____
22	Liquefied natural gas and liquefied petroleum gas	22a _____	x _____	=	22b _____
23	Compressed natural gas and other fuels at gasoline rate	23a _____	x _____	=	23b _____
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
24	Biodiesel blend (no less than 1% but no more than 10% biodiesel)	24a _____	x --% (.--)	=	24b _____
25	Diesel fuel >10% bio/renewable diesel (see ST-1 instructions)	25a _____	x 100% (1.00)	=	25b _____
26	100 percent biodiesel or renewable diesel	26a _____	x 100% (1.00)	=	26b _____
27	Gasohol (E15, not E10)	27a _____	x 10% (.10)	=	27b _____
28	Mid-range ethanol blends	28a _____	x 20% (.20)	=	28b _____
29	Majority blended ethanol fuel	29a _____	x 100% (1.00)	=	29b _____
30	Other motor fuel deductions _____				30 _____
31	Total Section 2 deductions. Add Lines 18b through 30.				31 _____

Section 3: Total deductions

32	Add Lines 17 and 31. Enter this amount on Step 2, Line 2 on the front page of this return.	32	_____	_____
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Schedule B — E911 Surcharge and ITAC Assessment

Receipts from retail transactions of prepaid wireless telecommunications service

1	Enter receipts subject to E911 Surcharge and ITAC Assessment.	1	_____	_____
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Figure your breakdown of retail transactions for Chicago locations

2	For Chicago locations	2a _____	x _____	=	2b _____
3	For Chicago locations at prior rates	3a _____	x _____	=	3b _____
4	Total for Chicago locations. Add Lines 2b and 3b.				4 _____

Figure your breakdown of retail transactions for non-Chicago locations

5	For non-Chicago locations	5a _____	x _____	=	5b _____
6	For non-Chicago locations at prior rates	6a _____	x _____	=	6b _____
7	Total for non-Chicago locations. Add Lines 5b and 6b.				7 _____

Figure your net E911 Surcharge and ITAC Assessment

8	Total E911 Surcharge and ITAC Assessment. Add Lines 4 and 7.	8	_____	_____
9	Discount - If you qualify, see instructions.	9	_____	_____
10	Subtract Line 9 from Line 8. Enter this amount on Step 7, Line 21.	10	_____	_____

