

Town of Normal Liquor Tax Return

Filing Month: _____

Business Name: _____

Business Address: _____

The due date for returns is the 25th of the following month

1. TOTAL GROSS RECEIPTS SUBJECT TO LIQUOR TAX		
2. LIQUOR TAX RATE OF 4% (LINE 1 x .04)	X	.04
3. AMOUNT OF LIQUOR TAX		
4. *LATE FILING PENALTY (.05 x LINE 3)		
5. *INTEREST (.02 x LINE 3 FOR EACH MONTH PAST DUE)		
6. TOTAL TAX DUE (ADD LINES 3, 4 AND 5)		

**This return must be filed on or before the 25th of the calendar month following the liability month. If the return is filed late, penalties are assessed at the rate of 5% for a one-time late filing and at the rate of 2% per month on the amount of tax which remains unremitted.*

Make the check payable to: Town of Normal

Mail the return with check to: P. O. Box 589
Normal, IL 61761

Under penalties as provided by law, I declare that I have examined this return and to the best of my knowledge I believe it is true and correct.

Signature of Taxpayer Date Signed

Signature of Preparer Date Prepared

Title Telephone Number

Company Name Telephone Number