CITY OF PEORIA, ILLINOIS
PACKAGE LIQUOR TAX RETURN

TAXPAYER #: ________________________________________ (City assigned - not state tax or FEIN number)

This return filed for the period:
FROM: __________________________     TO: ________________________

Under penalty as provided by law, I declare that I have examined this return and accompanying schedules and
and to the best of my knowledge and belief it is true and correct and is taken from the books and records of the business for
which this is filed. All returns must be filed on or before the last day of the calendar month succeeding the end of the
filing period.

______________________________________________________
Taxpayer signature and title

Preparer’s signature and phone number

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GROSS RECEIPTS from the sale of packaged alcoholic liquor

1. __________________________

AMOUNT OF TAX: (line 1 multiplied by 2.0%)  

2. __________________________

LATE PENALTY: (line 2 multiplied by 3.0% per month  

3. __________________________

TOTAL PACKAGE LIQUOR TAX & CHARGES DUE:  
(line 2 + 3)

4. __________________________

LESS: PREVIOUSLY APPROVED CREDIT  

5. __________________________

TOTAL DUE: (line 5 minus line 6)  

6. __________________________

*Submit a copy of your Illinois ST-1 and/or ST-2 for the same period.
**List multiple locations on reverse side.  
***Gross receipts exclusive of tax

Revised 06/19
CITY OF PEORIA, ILLINOIS
PACKAGED LIQUOR TAX RETURN

MULTIPLE LOCATION REPORTING

<table>
<thead>
<tr>
<th>Location Address</th>
<th>Total Gross Gallons</th>
<th>Total Motor Fuel Tax</th>
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**TOTALS**

Make checks payable to: City of Peoria

Mail to: City Treasurer’s Office
419 Fulton Street, Room 100
Peoria, IL  61602

Taxpayer questions or additional forms, please call (309) 494-8588.

Additional forms are also available from the City’s website:
www.peoriagov.org/Financedepartment/Applicationsandforms