



CITY OF URBANA  
REPORT OF TAX COLLECTED FOR PACKAGE ALCOHOLIC LIQUOR

CITY OF URBANA BUSINESS ACCOUNT # \_\_\_\_\_ STATE OF ILLINOIS REGISTRATION # \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BUSINESS ADDRESS  
(If Different From Above) \_\_\_\_\_

THIS FORM FILED FOR PERIOD BEGINNING \_\_\_\_\_ AND ENDING \_\_\_\_\_

**PACKAGE LIQUOR:**

- 1. PACKAGE LIQUOR SALES 1 \_\_\_\_\_
- 2. PACKAGE LIQUOR TAX (Line 1 multiplied by .01) 2 \_\_\_\_\_
- 3. LATE PENALTY: ADD penalty of 2% per month, line 2 multiplied by .02, if filed late. (Payment is due within thirty days of reporting period) 3 \_\_\_\_\_
- 4. TOTAL PAYMENT DUE: (SUM Line 2 and 3) 4 \_\_\_\_\_

Please make checks payable to "CITY OF URBANA" and return to the City of Urbana 400 South Vine Street, Urbana, Illinois 61801

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

\_\_\_\_\_  
Date Signature/Title Phone Number

Typed or Printed Signature & Title \_\_\_\_\_

Check # \_\_\_\_\_ Date Deposited \_\_\_\_\_