Illinois Department of Revenue
ST-1 Sales and Use Tax Return

REV 03 FORM 002
E S ___/___/___
NS ED CA RC ET

IBT no. 5555-5555 This form is for JANUARY, 2011

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	36,047|____
2	Deductions - **include tax collected** (Use worksheet on back.)	2	2670|____
3	Taxable receipts (Subtract Line 2 from Line 1.)	3	33,377|____

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a _____|____ x **=4b** _____|____

Food, drugs, and medical appliances

5a 36,047|____ x .08 **=5b** 2670|____

Sales from locations outside Illinois

General merchandise

6a _____|____ x **=6b** _____|____

Food, drugs, and medical appliances

7a _____|____ x **=7b** _____|____

Sales at prior rates

Receipts taxed at other rates

8a _____|____ **8b** _____|____

9 Tax due on receipts (Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** 2670|____

Step 4: Retailer's Discount and Net Tax on Receipts

10 If you filed and paid by 1-20-08 multiply Line 9 by .0175 **10** 47|____

11 Net tax due on receipts (Subtract Line 10 from Line 9.) **11** 2623|____

Step 5: Tax on Purchases

General merchandise

12a _____|____ x **=12b** _____|____

Food, drugs, and medical appliances

13a _____|____ x **=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	2623|____
17	Prepaid sales tax (Attach PST-2, Copy A.)	17	_____|____
18	Quarter-monthly payments (paid on Form RR-3 or by EFT)	18	_____|____
19	Prior overpayment	19	_____|____
20	Total prepayments (Add Lines 17, 18, and 19.)	20	_____|____
21	Net tax due (Subtract Line 20 from Line 16.)	21	2623|____

Step 7: Payment Due

22	Excess tax collected (See instructions.)	22	_____|____
23	Total tax due (Add Lines 21 and 22.) ➔	23	2623|____
24	Credit memorandum (See instructions.)	24	_____|____
25	Payment due (Subtract Line 24 from Line 23.) ➔	25	2623|____

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.

_____ Phone ___/___/___
Taxpayer Date

_____ Phone ___/___/___
Preparer Date

Do not detach

ST-1 (R-8/03)

This form is for TIM'S COFFEE SHOPPE

This form is due 1-31-2006

IBT no.: 5555-5555

TIM'S COFFEE SHOPPE
100 MAIN STREET
SUNNYVALE, IL 55555

Write the amount you are paying.

$ 2623

Write your remittance and send your payment to

ILLINOIS DEPARTMENT OF REVENUE
RETAILERS OCCUPATION TAX
SPRINGFIELD IL 62796-0001

Just a reminder . . . ➔