

VILLAGE OF LINCOLNWOOD, ILLINOIS
SELF-STORAGE SURCHARGE MONTHLY RETURN
Effective April 1, 2024
Due Date: The 20th Day of The Following Month

Month/Year of Collection: _____

Payer Name: _____	Local Business Name: _____
Payer Address: _____	Local Business Address: _____
_____	_____
Contact Person Name: _____	Illinois Business Tax (IBT) Number for Lincolnwood
Contact Person Phone#: _____	Business Location (from ST-1)
Contact Person Email: _____	# _____

COMPUTATION OF TAX LIABILITY

- | | |
|--|----------|
| 1) Gross Rent Collected | \$ _____ |
| 2) Lincolnwood Surcharge Liability
(Line 1 X 5%) | \$ _____ |
| 3) Retailer's Discount - 1%
If you filed and paid timely, deduct 1% from line #2 | \$ _____ |
| 4) Late Payment Penalty: (Calculate using Line 2)
Interest charge of 2% per month _____ | \$ _____ |
| 5) Net Surcharge, Interest/Penalty Due: | \$ _____ |

Under penalties of perjury and other penalties provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

Signature of Preparer

Date

Signature of Taxpayer

Date

Drop off or mail this completed return and check for amount shown on line 5 along **with copy of Illinois Department of Revenue form ST-1 (not the attachment to form ST-1)** to:

Finance Department, Village of Lincolnwood, 6900 N. Lincoln Ave., Lincolnwood, IL 60712

For any questions or if you need an additional form, please call the Village of Lincolnwood at (847) 673-1540.



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 30.)	2 _____
3 Taxable receipts (Subtract Line 2 from Line 1.)	3 _____

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a _____ x _____ = **4b** _____
(rate)

Food, drugs, and medical appliances

5a _____ x _____ = **5b** _____
(rate)

Sales from locations outside Illinois

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: Retailer's Discount and Net Tax on Receipts****10** Retailer's 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-07/19)

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 (including cash refunds, newspapers and magazines, etc.) - Identify below. _____	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.

State motor fuel tax (See instructions.)		Number of gallons/DGEs/GGEs	Rate		
18	Gasoline	18a _____	x _____	=	18b _____
19	Gasohol 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 _____
Specific fuels sales tax exemption		Receipts	Percentage		
24	Biodiesel blend (no less than 1% but no more than 10% biodiesel)	24a _____	x 20% (.20)	=	24b _____
25	Biodiesel blend (more than 10% but no more than 99% biodiesel)	25a _____	x 100% (1.00)	=	25b _____
26	100 percent biodiesel	26a _____	x 100% (1.00)	=	26b _____
27	Majority blended ethanol fuel	27a _____	x 100% (1.00)	=	27b _____
28	Other motor fuel deductions _____				28 _____
29	Total Section 2 deductions. Add Lines 18b through 28.				29 _____

Section 3: Total deductions

30	Add Lines 17 and 29. Enter this amount on Step 2, Line 2 on the front page of this return.	30	_____
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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	_____
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, multiply Line 8 by the applicable rate. See instructions.	9	_____
10	Subtract Line 9 from Line 8. Enter this amount on Step 7, Line 21.	10	_____

