

Confirmation Number: 0-602-902-832

Date Submitted: 04/22/2024

Date Printed: 04/22/2024



Illinois Department of Revenue

**ST-1 Sales and Use Tax and
E911 Surcharge Return**

Legal Name: FRIENDS OF THE VIK

DBA Name:

Account ID: 4486-5058

Filing Period: 01/01/2024 - 3/31/2024

Due Date: 04/22/2024

Step 1: Alcoholic Liquor Purchases

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) 0.00**Step 2: Taxable Receipts**

1	Total receipts (include tax.)	1	<u>60.00</u>
2	Deductions - Include tax collected (From Schedule A, Line 32.)	2	<u>4.00</u>
3	Taxable receipts (Subtract Line 2 from Line 1.)	3	<u>56.00</u>

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a 56.00 x RATE = **4b** 4.00

Food, drugs, and medical appliances

5a 0.00 x RATE = **5b** 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = **6b** 0.00

Food, drugs, and medical appliances

7a 0.00 x .01 = **7b** 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 x (rate) = **8b** 0.00**9** Tax due on receipts
(Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** 4.00**Step 4: Retailer's Discount and Net Tax on Receipts****10** Retailer's discount. If qualified,
multiply Line 9 by the applicable rate. **10** 0.00**11** Net tax due on receipts
(Subtract Line 10 from Line 9.) **11** 4.00**Step 5: Tax on Purchases**

General merchandise

12a 0.00 x .0625 = **12b** 0.00

Food, drugs, and medical appliances

13a 0.00 x .01 = **13b** 0.00

Purchases at other rates

14a 0.00 **14b** 0.00**15** Tax due on purchases
(Add Lines 12b, 13b, and 14b.) **15** 0.00**Step 6: Net Tax Due****16** Tax due from receipts and purchases
(Add Lines 11 and 15.) **16** 4.00**16a** Manufacturer's Purchase Credit **16a** 0.00**17** Prepaid sales tax **17** 0.00**18** Quarter-monthly (accelerated)
payments **18** 0.00**19** Total prepayments
(Add Lines 16a, 17, and 18.) **19** 0.00**20** Net tax due
(Subtract Line 19 from Line 16.) **20** 4.00**Step 7: Payment Due****21** E911 Surcharge and ITAC Assessment
(From Schedule B, Line 10.) **21** 0.00**22** Excess tax, surcharge, and
assessment collected **22** 0.00**23** Total tax, surcharge, and
assessment due (Add Lines
20, 21, and 22.) **23** 4.00**24** Credit amount **24** 0.00**25** Payment due
(Subtract Line 24 from Line 23.) **25** 4.00

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	4.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 Surcharge and ITAC Assessment collected	3	0.00
4	Resale	4	0.00
5	Interstate commerce	5	0.00
6	Manufacturing machinery and equipment (MM&E) - Do <u>not</u> include deduction for graphic arts.	6	0.00
7	Farm machinery and equipment	7	0.00
8	Graphic arts machinery and equipment - Do <u>not</u> combine with deduction for MM&E on Line 6.	8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	0.00
10	Enterprise zone		
a	Sales of building materials	10a	0.00
b	Sales of items other than building materials	10b	0.00
11	High impact business		
a	Sales of building materials	11a	0.00
b	Sales of items other than building materials	11b	0.00
12	River edge redevelopment zone building materials	12	0.00
13	Exempt organizations	13	0.00
14	Uncollectible debt on which tax was previously paid	14	0.00
15	Sales of service - Identify here: _____	15	0.00
16	Other - Identify. _____	16	0.00
17	Total Section 1 deductions. Add Lines 1 through 16.	17	4.00

Section 2: Motor fuel deductions - If no Section 2 deductions, go to Section 3.

State motor fuel tax		Number of gallons/DGEs/GGEs		Rate			
18	Gasoline	18a	0.00	x	45.4¢	=	18b 0.00
19	Gasohol, mid-range ethanol blends, and majority blended ethanol	19a	0.00	x	45.4¢	=	19b 0.00
20	Diesel (including biodiesel and biodiesel blends)	20a	0.00	x	52.9¢	=	20b 0.00
21	Dieselhol and other fuels at diesel rate	21a	0.00	x	52.9¢	=	21b 0.00
22	Liquefied natural gas and liquefied petroleum gas	22a	0.00	x	52.9¢	=	22b 0.00
23	Compressed natural gas and other fuels at gasoline rate	23a	0.00	x	45.4¢	=	23b 0.00
Specific fuels sales tax exemption		Receipts		Percentage			
24	Biodiesel blend (no less than 1% but no more than 10% biodiesel)	24a	0.00	x	20% (.20)	=	24b 0.00
25	Diesel fuel >10% bio/renewable diesel	25a	0.00	x	100% (1.00)	=	25b 0.00
26	100 percent biodiesel or renewable diesel	26a	0.00	x	100% (1.00)	=	26b 0.00
27	Gasohol (E15, not E10)	27a	0.00	x	10% (.20)	=	27b 0.00
28	Mid-range ethanol blends	28a	0.00	x	20% (.20)	=	28b 0.00
29	Majority blended ethanol fuel	29a	0.00	x	100% (1.00)	=	29b 0.00
30	Other motor fuel deductions						30 0.00
31	Total Section 2 deductions. Add Lines 18b through 30.						31 0.00

Section 3: Total deductions

32	Add Lines 17 and 31. Enter this amount on Step 2, Line 2 on the front page of this return.	32	4.00
----	--	----	------

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	0.00
Figure your breakdown of retail transactions for Chicago locations			
2	For Chicago locations	2a	0.00
3	For Chicago locations at prior rates	3a	0.00
4	Total for Chicago locations. Add Lines 2b and 3b.	4	0.00
Figure your breakdown of retail transactions for non-Chicago locations			
5	For non-Chicago locations	5a	0.00
6	For non-Chicago locations at prior rates	6a	0.00
7	Total for non-Chicago locations. Add Lines 5b and 6b.	7	0.00
Figure your net E911 Surcharge and ITAC Assessment			
8	Total E911 Surcharge and ITAC Assessment. Add Lines 4 and 7.	8	0.00
9	Discount - If you qualify, multiply Line 8 by the applicable rate.	9	0.00
10	Subtract Line 9 from Line 8. Enter this amount on Step 7, Line 21 on the front page of this return.	10	0.00



Illinois Department of Revenue
ST-2 Multiple Site Form
Attach to Form ST-1

REV 01 (R-11/11)
FORM 009

Account ID: 4486-5058

This form is for: 01/01/2024 - 03/31/2024

Location code 045-0001-6-001
Location Geneva
Loc DBA name _____
Site address 528 EAST SIDE DR
City, State, ZIP GENEVA IL 60134

General merchandise

4a \$56.00 x 0.0800 = **4b** \$4.00

Food, drugs, and medical appliances

5a \$0.00 x 0.0175 = **5b** \$0.00

Receipts taxed at other rates

8a \$0.00 **8b** \$0.00

Location code 045-0023-7-000
Location South Elgin
Loc DBA name _____
Site address CHANGING LOC
City, State, ZIP South Elgin IL

General merchandise

4a \$0.00 x 0.0750 = **4b** \$0.00

Food, drugs, and medical appliances

5a \$0.00 x 0.0175 = **5b** \$0.00

Receipts taxed at other rates

8a \$0.00 **8b** \$0.00