



Illinois Department of Revenue

ST-1 Instructions

Step 1: Alcoholic Liquor Purchases

Line A, Total dollar amount of alcoholic liquor purchased (invoiced and delivered)

— If you are a liquor store, tavern, or a restaurant that sells alcohol and you are not required to remit quarter-monthly payments, you must report the total dollar amount of all alcoholic liquor invoiced and delivered during the liability period, regardless of when you actually remit payment to your distributor. By the 10th day of each month, each of your distributors should give you a statement that identifies the total amount purchased during the previous month. This statement may be a summary for the month on the bottom of each of your invoices or on a separate report.

Note: Liquor distributors will report to us the value of alcoholic beverages invoiced and delivered to each retailer the previous month. If you are **not** required to report your purchases, go to Step 2.

Step 2: Taxable Receipts

When completing this form, please round to the nearest dollar by dropping amounts of less than 50 cents and increasing amounts of 50 cents or more to the next higher dollar.

Line 1 Write the amount you received from all sales of merchandise and service, including service charges and taxes collected. Do not include purchases of merchandise on which you are paying use tax in Step 5.

Note: You must include the county motor fuel tax imposed in DuPage, Kane, and McHenry counties in Line 1.

Line 2 Write the total amount of deductions plus tax collected. Use the Worksheet for Line 2 on the back of Form ST-1 to figure this amount. The amount on Line 2 cannot be more than the total receipts you wrote on Line 1. If so, you must file a claim for credit (ST-1-X).

Line 3 Subtract Line 2 from Line 1.

Step 3: Tax on Receipts

You must determine what portion of the amount from Line 3 belongs on Lines 4a through 8a. If you report for multiple sites, use Form ST-2, Multiple Site Form.

Sales from locations within Illinois

Note: If you are a multi-site retailer or serviceperson who also has out-of-state locations, see the instructions for Lines 6a and 7a.

Line 4a General merchandise base

Write the amount you received from sales of general merchandise, plus the amount you

received from the general merchandise you sold in performing your service.

Line 4b Multiply Line 4a by the tax rate.

Line 5a Food, drugs, and medical appliances base

Write the amount you received from your sales of qualifying food, drugs, and medical appliances, plus the amount you received from the qualifying food, drugs, and medical appliances you sold in performing your service.

Line 5b Multiply Line 5a by the tax rate.

Sales from locations outside Illinois

Line 6a General merchandise base

Write the amount you received from general merchandise you sold to a user in Illinois, plus the amount you received from general merchandise you sold for use in Illinois in performing your service.

Line 6b Multiply Line 6a by the tax rate.

Line 7a Food, drugs, and medical appliances base

Write the amount you received from qualifying food, drugs, and medical appliances you sold to a user in Illinois, plus the amount you received from qualifying food, drugs, and medical appliances you sold for use in Illinois in performing your service.

Line 7b Multiply Line 7a by the tax rate.

Sales at prior rates

Line 8a Receipts taxed at other rates base

Write on this line **only** the receipts from sales of merchandise and service you made at rates different from the rates printed in Lines 4a, 5a, 6a, and 7a. If you have receipts from current sales that you believe are taxable at a different rate, call us at 1 800 732-8866 or 217 782-3336; or call the TDD-telecommunications device for the deaf at 1 800 544-5304 for instructions on how to report.

Line 8b Multiply each amount in Line 8a by the correct tax rate, add the results, and write the total on Line 8b.

Note: Check your math. Lines 4a + 5a + 6a + 7a + 8a must equal Line 3.

Line 9 Add Lines 4b, 5b, 6b, 7b, and 8b.

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

Line 10 If this return is postmarked (or delivered) and tax is paid by the due date, you are entitled to a discount. Multiply Line 9 by the percentage printed in Line 10.

Note: On preprinted forms, the due date is printed in Line 10.

Line 11 Subtract Line 10 from Line 9.

Step 5: Tax on Purchases

Note: The figures you write on Lines 12a, 13a, and 14a should not include amounts already contained in Lines 4a through 8a. Do not include tax in these lines.

Line 12a General merchandise base

Write

- your cost of the general merchandise you purchased to use from an out-of-state retailer who did not collect Illinois tax from you, plus
- your cost of general merchandise you purchased tax free to sell at retail, but instead used or consumed yourself, plus
- your cost of general merchandise you purchased tax free to sell in performing your service, but instead used or consumed yourself, or transferred subject to use tax, plus
- your cost of general merchandise an out-of-state serviceperson used in performing a service for you, if Illinois tax was not paid.

Line 12b Multiply Line 12a by the tax rate.

Line 13a Food, drugs, and medical appliances base

Write

- your cost of the qualifying food, drugs, and medical appliances you purchased to use from an out-of-state retailer who did not collect Illinois tax from you, plus
- your cost of the qualifying food, drugs, and medical appliances you purchased tax free to sell at retail, but instead used or consumed yourself, plus
- your cost of the qualifying food, drugs, and medical appliances you purchased tax free to sell in performing your service, but instead used or consumed yourself, or transferred subject to use tax, plus
- your cost of the qualifying food, drugs, and medical appliances an out-of-state serviceperson used in performing a service for you, if Illinois tax was not paid.

Line 13b Multiply Line 13a by the tax rate.

Line 14a Purchases taxed at other rates base

Write the total of all purchases you made at rates different from the rates printed in Lines 12a and 13a. This includes

- your cost of the general merchandise you purchased prior to 1/1/90 from an out-of-state retailer on which you continue to make payments, plus
- your cost of the general merchandise and qualifying food, drugs, and medical appliances on which you paid tax to another state at a rate lower than Illinois tax rates, plus
- your cost of the general merchandise and qualifying food, drugs, and medical appliances an out-of-state serviceperson used in performing a service for you, if Illinois tax was not paid.

Line 14b Multiply each amount in Line 14a by the correct rate, add the results, and write the total on Line 14b.

Line 15 Add Lines 12b, 13b, and 14b.

Step 6: Net tax due

Line 16 Add Lines 11 and 15.

Line 16a Write the total amount of Manufacturer's Purchase Credit (MPC) that you are reporting. This amount should include any MPC you have received from your customers plus any MPC of your own that you are using to satisfy use tax on qualifying purchases for the current liability period.

Line 17 Complete Line 17 **only** if you prepay Illinois Sales Tax on motor fuel. Write the amount of sales tax you prepaid on motor fuel by adding the total from the PST-2 forms you are attaching

to this return. The originals of Form PST-2, Copy A, must accompany this return. (We cannot accept photocopies or Copy B.)

Line 18 Complete Line 18 **only** if you made quarter-monthly payments. Include on this line any prior overpayment credit that you used to make these payments.

Line 19 If we have notified you that you have a prior overpayment and you wish to use it towards what you owe, write the amount you are using.

Line 20 Add Lines 16a, 17, 18 and 19.

Line 21 Subtract Line 20 from Line 16.

Step 7: Payment due

Line 22 If you collected more tax than is due, write your excess tax collection. To check this, compare Item 2 on the ST-1 worksheet (on the back of Form ST-1) to Line 9 of Form ST-1. If Item 2 is more than Line 9, write the difference.

Line 23 Add Lines 21 and 22.

Line 24 If you have a credit memorandum and you wish to use it towards what you owe, write the amount you are using.

Line 25 Subtract Line 24 from Line 23. This is the amount of tax that you owe.

You owe a **late filing penalty** if you do not file a processable return by the due date, a **late payment penalty** if you do not pay the amount you owe by the original due date of the return or were required to make quarter-monthly payments and failed to do so, a **bad check penalty** if your remittance is not honored by your financial institution, and a **cost of collection fee** if you do not pay the amount you owe within 30 days of the date printed on an assessment. For more information, see Publication 103, Uniform Penalties and Interest. To receive a copy of this publication, visit our web site at www.Iltax.com or call 1 800 356-6302.

We will bill you for any penalty and interest amounts owed. However, you may figure these amounts yourself and may pay any penalty and interest owed when you file your return. Write the total of all tax, penalties, and interest that you are paying on Line 25 of Form ST-1. Send your return and remittance to:

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

Need help?

You may get additional forms and information by visiting our web site at www.Iltax.com; calling 1 800 732-8866 or 217 782-3336; calling our TDD-telecommunications device for the deaf at 1 800 544-5304; or contacting your local Illinois Department of Revenue regional office.

Instructions for completing the ST-1 Worksheet for Line 2

Your total deductions claimed cannot be more than the total receipts, including tax, you wrote on Line 1.

Line 1 Taxes collected from the following:

1a General merchandise retail sales

Write the amount of tax you collected on your retail sales of general merchandise. This includes food sold for immediate consumption, such as food sold at a restaurant.

1b General merchandise service sales

Write the amount of tax you collected on the general merchandise you sold in performing your service.

1c Food, drugs, and medical appliances retail sales

Write the amount of tax you collected on your retail sales of qualifying food, drugs, and medical appliances.

1d Food, drugs, and medical appliances service sales

Write the amount of tax you collected on the qualifying food, drugs, and medical appliances you sold in performing your service.

2 Total taxes collected

Add the amounts on Items 1a through 1d and write the total.

3 Resale

Write the amount you collected from the items you sold to someone who will resell those items at retail. For each sale for resale you make, the buyer must give you an Illinois certificate of resale or have a blanket certificate of resale on file with you.

4 Interstate commerce

Write the amount you collected from merchandise you sold that was **shipped or delivered by you** outside Illinois.

5 Cash refunds

Write the amount of cash refunds you made to customers for merchandise they returned and on which you have paid tax to us during the preceding return period or have now included in Line 1 of your Form ST-1.

Note: This amount cannot exceed the amount reported on Line 1 of your return.

6 Newspapers and magazines

Write the amount you collected from your sales of newspapers, magazines, and other periodicals.

7 State motor fuel tax

For each type of fuel, write the number of gallons you sold. Multiply the number of gallons by the state tax rate printed on Line 7 of the worksheet, and write the total for each type of fuel.

Note: The county motor fuel tax imposed in DuPage, Kane, and McHenry counties must be included in the gross receipts on Line 1 of your return. These taxes are not authorized deductions from your gross receipts. Report any other local motor fuel taxes on Item 16, "Other." Do not include them on Item 7.

8 Specific fuel exemptions

Subtract all motor fuel taxes and all state and local sales taxes from the amount you received for the specific fuel types listed. Multiply your receipts for each type of fuel by its corresponding rate on the worksheet, and write the total for each type of fuel.

Note: On Lines 8a and 8c, do not include receipts from sales that are not subject to sales tax.

9 Sales of service

- Write the total of any portion of the repairs on which you did not charge your customers tax.
- Write the total of any portion of the prescriptions on which you did not charge your customers tax.
- Write the total of any portion of all other service transactions on which you did not charge your customers tax. Some examples of these are transactions made by dry cleaners, hairdressers, and medical professionals.

10 Exempt organizations

Write the amount you collected from merchandise you sold to organizations that are exempt from paying sales tax. For each tax-

exempt sale you make, you must obtain a copy of the organization's Illinois Sales Tax exemption identification number.

Note: Do not include motor fuel taxes already reported in Item 7 or 16.

11 Food stamps

Write the amount you collected from customers who used food stamps.

12 Enterprise zone building materials and consumables or high-impact business building materials

Write the amount you collected from

- sales of building materials to a customer who will
 - incorporate those materials into an enterprise zone certified by the Illinois Department of Commerce and Economic Opportunity (DCEO) and
 - provide a Certificate of Eligibility issued by the Zone Administrator of the enterprise zone referenced in 1.
- sales of consumables to a business certified by DCEO to buy consumables tax free, or
- sales of building materials to a business certified by DCEO as a high-impact business.

13 Manufacturing machinery and equipment (including certain photoprocessing equipment)

Write the amount you collected from the sale of qualifying machinery and equipment (including repair and replacement parts) that produce items to be sold.

14 Farm machinery and equipment

Write the amount you collected from qualifying farm machinery and equipment (including repair and replacement parts) you sold for use in production agriculture.

15 Graphic arts machinery and equipment Write the amount you collected from qualifying graphic arts machinery and equipment (including repair and replacement parts).

16 Other

Use Items 16a through 16d to identify other deductions. Write the amount you collected from the sale of each type of deduction you list.

17 Total deductions

Add the amounts on Items 3 through 16d, and write the total.

18 Total

Add the amounts on Items 2 and 17, and write this amount on Item 18 and on Line 2 of Form ST-1.