



Cook County Department of Revenue
2012 SELF-ASSESSMENT TAX RETURN
(To be filled out by retailer and sent to the Department of Revenue)

SECTION I – INFORMATION

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|--|--|
| 1. Name of Business: | 2. Wholesaler Name: |
| 3. "Doing Business As" (D/B/A) Name: | 4. Illinois Retailers Occupation Tax (IROT): |
| 5. Business Address: | 6. Wholesaler Address: |
| 7. Business Phone Number: | 8. Wholesaler Phone Number: |
| 9. Check box(s) if your business sells any of the following: (select all that apply) Liquor <input type="checkbox"/> Cigarettes <input type="checkbox"/> Gasoline/Diesel <input type="checkbox"/> OTP <input type="checkbox"/> | 10. Illinois Business Tax Number (IBT): |

SECTION II – CALCULATION OF TAXES

| | | | |
|--|---------------------------------|---|---|
| 11. INVOICE NUMBER: | | 12. DATE OF ORDER: | |
| Article (a) | Inventory ordered (b) | Tax Rates (c) | Computed Tax <i>Column (b) × (c)</i> (d) |
| 13. SMOKING TOBACCO: | Total Ounces | \$0.30 per ounce or fraction thereof | \$ |
| 14. SMOKELESS TOBACCO: | Total Ounces | \$0.30 per ounce or fraction thereof | \$ |
| 15. LITTLE CIGARS: <i>(weight: 3lbs or less per 1,000)</i> | Cigars | \$0.05 per unit | \$ |
| 16. LARGE CIGARS: <i>(weight: 3lbs or more per 1,000)</i> | Cigars | \$0.25 per unit | \$ |
| 17. CIGARETTES: | Cigarettes | \$0.10 per cigarette | \$ |
| 18. TOTAL TAX DUE <i>(Add items 13(d) through 17(d).)</i> | | | \$ |

SECTION III – PAYMENT SUMMARY

19. Method of payment (Check one box)

CASHIERS CHECK MONEY ORDER

20. CASHIERS CHECK OR MONEY ORDER NUMBER:

Make cashiers check or money order payable to the **Cook County Department of Revenue**

SECTION IV – CERTIFICATION

Under penalties of perjury, I declare that I have examined this return, including any supporting inventory records and accompanying statements, and to the best of my knowledge and belief it is true, correct and complete; and as owner or officer, I am responsible for filing this return and paying the tax due.

| | | |
|------------------------------|-------------------------------|----------|
| 21. SIGNATURE | 22. PRINTED NAME | 23. DATE |
| 24. DAYTIME TELEPHONE NUMBER | 25. E-MAIL ADDRESS (optional) | |

SECTION V – INSTRUCTIONS

CORPORATIONS / MULTIPLE LOCATIONS. If a business is corporate owned and/or has multiple locations under the same ownership, an individual floor tax must be filed **PER LOCATION**. A combined corporate/store floor tax will **NOT** be accepted. Records of inventory should also be kept per location for investigatory purposes.

- Line 1 through Line 10 –** Enter the identification information as requested.
- Line 11 –** Enter the invoice number for the transaction.
- Line 12 –** Enter the date in which the order was placed.
- Line 13 –** *Smoking Tobacco:* Enter the total ounces from all smoking tobacco weights. Enter the number to the nearest tenth percent (.1), do not round the number. (For example, the number entered should be shown as x.x ounces).
- Line 14 –** *Smokeless Tobacco:* Enter the total ounces from all smokeless tobacco weights. Enter the number to the nearest tenth percent (.1), do not round the number. (For example, the number entered should be shown as x.x ounces).
- Line 15 and Line 16 –** *Large/Little Cigars:* Enter the total number of cigar inventory in the corresponding box. **Large cigar** means any roll of tobacco wrapped in leaf tobacco or any substance containing tobacco and weighing more than three pounds per thousand. **Little cigar** means any roll of tobacco wrapped in leaf tobacco or any substance containing tobacco and not weighing more than three pounds per thousand.
- Line 17 –** Enter the total number of cigarettes purchased.
- Line 18 –** To determine how much total tax you must pay, add columns 13(d) through 17(d).
- Line 19 –** Check the box to indicate your payment method. Please note that only cashiers check or money orders will be acceptable payments for the floor tax payments.
- Line 20 –** Enter the cashiers check or money order number in this box. Also, make all payments to the Cook County Department of Revenue
- Line 21 through Line 25 –** Enter the information as requested. **Please note: Failure to sign this document will constitute an incomplete document.**

PENALTIES AND INTEREST.

If any Cook County Field Investigator determines a Retail Tobacco Dealer is in possession of any Tobacco or Other Tobacco Products where the tax has not been paid, the following may apply:

Sec 74-441 (a) Confiscate; seize; redemption penalty, provides that the Cook County Department of Revenue representatives are authorized representatives to confiscate, seize or take possession of any Other Tobacco Products, on which the Tobacco Tax on Other Tobacco Products had not been paid.

Sec 74-435 (d) provides for a first offense penalty of \$1,000.00, and an additional \$2,000.00 for any subsequent offense.

DUE DATE.

The tax is due on or before the 20th day following the month in which Other Tobacco Products were purchased or received by the Retail Tobacco Dealer.

MAILING.

Mail this document to the Cook County Department of Revenue, Accounts Receivable, P.O. Box 641547, Chicago, IL 60664-1547.

QUESTIONS.

If you have any questions about this return, or for more information, please contact the Department of Revenue at 118 N. Clark Street, Chicago, IL 60602, telephone number (312) 603-6870 or email at: cookcounty.revenue@cookcountyil.gov.