

 **Illinois Department of Revenue**
RL-26-W Liquor Direct Wine Shipper Return

REV 1
 E S ____/____/____
 NS DP CA

Step 1: Identify your business

Station no. 264

Do not write above this line.

- 1 Account ID: _____
- 2 License no.: **L W** - _____
- 3 Name: _____
- 4 Address: _____
Number and street
- _____ City State ZIP
- 5 Tax period: ____/____
Month Year
- 6 Check here if your address has changed.
- 7 Is this a final (you are no longer in business) return? yes no

Step 2: Figure your tax due

- 8 Gallons of cider (alcohol content between 0.5% and 7%) shipped and sold directly to consumers: **8** _____
- 9 **Multiply Line 8 by .231** **9** \$ _____
- 10 Gallons of wine (alcohol content of less than 20%) shipped and sold directly to consumers: **10** _____
- 11 **Multiply Line 10 by 1.39** **11** \$ _____
- 12 Gallons of wine (alcohol content 20% or more) shipped and sold directly to consumers: **12** _____
- 13 **Multiply Line 12 by 8.55** **13** \$ _____
- 14 **Add Lines 9, 11, and 13. This is the total tax due.** **14** \$ _____
- 15 If you timely file and pay this tax electronically multiply Line 14 by the appropriate rate. See instructions. **15** \$ **Electronic Use Only**
- 16 **Subtract Line 15 from Line 14.** **16** \$ _____
- 17 Credit you wish to apply. **17** \$ _____
- 18 **Subtract Line 17 from Line 16 and pay this amount.** **18** \$ _____
 Make your check payable to "Illinois Department of Revenue."

Step 3: 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. I also state that such information is taken from the books and records of the business for which this return is filed.

 Title: _____ (____)____-_____/____/____
Owner or officer's signature and title (state if individual owner, member of firm, or corporate officer title) Telephone number (include area code) Date

 Title: _____ (____)____-_____/____/____
Preparer's signature and title (state if individual owner, member of firm, or corporate officer title) Telephone number (include area code) Date

Step 4: Mail your return or WebFile at tax.illinois.gov.

Mail your completed return to



ALCOHOL, TOBACCO AND FUEL DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19019
SPRINGFIELD IL 62794-9019

