



Illinois Department of Revenue

**ST-1****Sales and Use Tax and E911 Surcharge Return**Account ID 4087-3056This form is for: Jan 1 2015-Dec 31, 2015REV 05 FORM 002  
E S / /  
NS CA RC

(Reporting period)

Form ST-1 is due on or before the 20th day of the month following the end of the 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** 6,097

**2** Deductions - include tax collected  
(From Schedule A, Line 29.) **2** 5,926

**3** Taxable receipts  
(Subtract Line 2 from Line 1.) **3** 171

**Step 3: Tax on Receipts**

Sales from locations within Illinois

General merchandise

**4a** 171 x .07 **=4b** 12  
(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** 12**Step 4: Retailer's Discount and Net Tax on Receipts****10** If you filed and paid by the due date,  
multiply Line 9 by 1.75% (.0175). **10** \_\_\_\_\_**11** Net tax due on receipts  
(Subtract Line 10 from Line 9.) **11** 12**Try filing electronically!****Step 5: Tax on Purchases**

General merchandise

**12a** \_\_\_\_\_ x .0625 **=12b** 0

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** 12**16a** Manufacturer's Purchase Credit  
(See instructions.) **16a** \_\_\_\_\_**17** Prepaid sales tax  
(Attach PST-2 copy A.) **17** \_\_\_\_\_**18** Quarter-monthly payments  
(Paid on Form RR-3 or by EFT) **18** \_\_\_\_\_**19** Total prepayments  
(Add Lines 16a, 17, and 18.) **19** \_\_\_\_\_**20** Net tax due  
(Subtract Line 19 from Line 16.) **20** 12**Step 7: Payment Due****21** E911 Surcharge  
(From Schedule B, Line 10.) **21** \_\_\_\_\_**22** Excess tax and excess surcharge collected  
(See instructions.) **22** \_\_\_\_\_**23** Total tax and surcharge due  
(Add Lines 20, 21 and 22.) **23** 12**24** Credit amount  
(See instructions.) **24** \_\_\_\_\_**25** Payment due  
(Subtract Line 24 from Line 23.) **25** 12**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 and correct. The information in this return is taken from the records of the business for which it is filed.

Taxpayer

Phone

Date

Preparer

Phone

Date

Ann Cooper 847 991-888801/11/16**ST-1** (R-09/15)Use this form **only** if a preprinted form is not available.

Owner's name \_\_\_\_\_

Business name Gandhi Worldwide Education InstituteBusiness address 418 Lake Shore Blvd, Wauconda, IL 60084Mailing address Gandhi Worldwide Education Institute418 Lake Shore Blvd, Wauconda, IL 60084

Write your check and send your payment to

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

## 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	<u>12</u>
2	Taxes collected on food, drugs, and medical appliances sales and service	2	
3	E911 surcharge collected	3	
4	Resale	• 4	
5	Interstate commerce	• 5	<u>479</u>
6	Manufacturing machinery and equipment (including photoprocessing)	• 6	
7	Farm machinery and equipment	• 7	
8	Graphic arts machinery and equipment ( <b>Expired August 30, 2014</b> )	• 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	<u>5,422</u>
14	Sales of service - identify here <u>shipping</u>	14	<u>13</u>
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below	15	
16	Total Section 1 deductions. Add Lines 1 through 15.	16	<u>5,926</u>

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

State motor fuel tax		Number of gallons	Rate	
17	Gasoline	17a	x 19¢	= 17b
18	Gasohol and majority blended ethanol	18a	x 19¢	= 18b
19	Diesel (including biodiesel and biodiesel blends)	19a	x 21.5¢	= 19b
20	Dieselhol	20a	x 21.5¢	= 20b
21	Other special fuels	21a	x 19¢	= 21b
Specific fuels sales tax exemption		Receipts	Percentage	
22	Gasohol	22a	x 20% (.20)	= 22b
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a	x 20% (.20)	= 23b
24	Biodiesel blend (1- 89 percent petroleum-based product)	24a	x 100% (1.00)	= 24b
25	100 percent biodiesel	25a	x 100% (1.00)	= 25b
26	Majority blended ethanol fuel	26a	x 100% (1.00)	= 26b
27	Other motor fuel deductions			27
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.			28

### Section 3: Total deductions

29 Add Lines 16 and 28. Write this amount on Step 2, Line 2 on the front page of this return. **➔** 29 5,926

## Schedule B — E911 Surcharge

### Receipts from retail transactions of prepaid wireless telecommunications service

1	Enter receipts subject to E911 Surcharge.	1	
<b>Figure your breakdown of retail transactions for Chicago locations</b>			
2	For Chicago locations	2a	x = 2b
3	For Chicago locations at prior rates	3a	x = 3b
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4	
<b>Figure your breakdown of retail transactions for non-Chicago locations</b>			
5	For non-Chicago locations	5a	x = 5b
6	For non-Chicago locations at prior rates	6a	x = 6b
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7	
<b>Figure your net E911 Surcharge</b>			
8	Total E911 Surcharge. Add Lines 4 and 7.	8	
9	If you filed and paid by the due date, multiply Line 8 by 3% (.03).	9	
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.	<b>➔</b> 10	



**ST-2 Multiple Site Form**

Attach to Form ST-1.

Do not write above this line.

Account ID: 4087-3056 This form is for Jan 1, 2015-Dec 31, 201  
(Reporting period)

You must round your figures to whole dollars. See instructions.

Site where the taxable sales were made

Location code 04900278001  
Site name Wauconda, IL  
Site address 418 Lake Shore Blvd  
City, state, ZIP Wauconda, IL 60084-1522

General merchandise

4a 171.00 X .07 = 4b 12.00  
(rate)

Food, drugs, and medical appliances

5a \_\_\_\_\_ X \_\_\_\_\_ = 5b \_\_\_\_\_  
(rate)

Receipts taxed at other rates

8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code 08200017000  
Site name Bellville, IL  
Site address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_

General merchandise

4a 0.00 X 0 = 4b 0.00  
(rate)

Food, drugs, and medical appliances

5a \_\_\_\_\_ X \_\_\_\_\_ = 5b \_\_\_\_\_  
(rate)

Receipts taxed at other rates

8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code \_\_\_\_\_  
Site name \_\_\_\_\_  
Site address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_

General merchandise

4a \_\_\_\_\_ X \_\_\_\_\_ = 4b \_\_\_\_\_  
(rate)

Food, drugs, and medical appliances

5a \_\_\_\_\_ X \_\_\_\_\_ = 5b \_\_\_\_\_  
(rate)

Receipts taxed at other rates

8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code \_\_\_\_\_  
Site name \_\_\_\_\_  
Site address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_

General merchandise

4a \_\_\_\_\_ X \_\_\_\_\_ = 4b \_\_\_\_\_  
(rate)

Food, drugs, and medical appliances

5a \_\_\_\_\_ X \_\_\_\_\_ = 5b \_\_\_\_\_  
(rate)

Receipts taxed at other rates

8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code \_\_\_\_\_  
Site name \_\_\_\_\_  
Site address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_

General merchandise

4a \_\_\_\_\_ X \_\_\_\_\_ = 4b \_\_\_\_\_  
(rate)

Food, drugs, and medical appliances

5a \_\_\_\_\_ X \_\_\_\_\_ = 5b \_\_\_\_\_  
(rate)

Receipts taxed at other rates

8a \_\_\_\_\_ 8b \_\_\_\_\_



Page totals

4a \_\_\_\_\_ 4b \_\_\_\_\_

5a \_\_\_\_\_ 5b \_\_\_\_\_

8a \_\_\_\_\_ 8b \_\_\_\_\_