33	Illinois Department of Revenue						
S	RL-26-A Liquor Revenue	Airli	ne Re	eturn _{Stati}		REV 1 E S/_ NS DP	/ CA
St	ep 1: Identify your business	6 🗆 (Check here	if your address h	D	o not write abov	ve this line.
2	License no.: A	 7 Is this a final (you are no longer in business) return? ☐ yes ☐ no 					
3	Name:						
4	Address:						
	City State ZIP						
5	Tax period:/Year						
St	ep 2: Figure your tax due	C 7	ider 0.5% to % or Beer	Alcoholic liquor 14% or less	Alcoholic liquo > 14% - < 20%	r Alcoholi 20% (c liquor or more
8	Liquor imported into Illinois, tax not paid (From Schedule A)	8					
9	Liquor purchased in Illinois, tax not paid (From Schedule F)	9					
10	Illinois revenue passenger miles:						
11	System revenue passenger miles:						
12	System gallonage purchases for aircraft (excluding in-bond)	12					
13	Percentage of system domestic revenue passenger miles allocated to Illinois	13					
14	Multiply Line 12 by Line 13 - Total quantity subject to tax.	14					
15	Tax rate per gallon (tax periods on and after September 1, 2009)	15 ^{\$}	.231	\$ 1.39	\$ 1.39	\$	8.55
16	Multiply Line 14 by Line 15 - Tax due for each liquor class.	16 <mark>\$</mark>		\$	\$	\$	
17	Add all columns' Line 16 - Total tax due.			17	,\$		
18	If you timely file and pay this tax electronically multiply Line 17 by appropriate rate. See instructions.			18		ctronic e Only	
19	Subtract Line 18 from Line 17.			19	\$\$		
20	Credit you wish to apply.			20	°		
21	Subtract Line 20 from Line 19 and pay this amount. Make your check payable to "Illinois Department of Revenue."			21	\$		

Step 3: Sign below

Under penalties of perjury, I state that I have examined this return, all accompanying schedules, 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 file electronically

Mail your completed return and attachments to

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