



# Preflight Summary Report for: !SIMPLE FEB 2021.PDF

Profile: Digital printing (B/W) (Processed pages 1 to 2)



Processed by Dave, Date: 3/24/2021 7:59 AM

## Results (Summary)

### Warning

-  Document images on CMY plates (609 matches on 2 pages) - 1, 2
-  Object uses RGB (203 matches on 2 pages) - 1, 2

### Info

-  Resolution of bitmap images is lower than 550 pixels per inch (408 matches on 2 pages) - 1, 2
-  Text is smaller than 5 pt (185 matches on 2 pages) - 1, 2

## Document information

File name: "!SIMPLE FEB 2021.PDF"

Path: "C:\My SailTaxIL Data\Archived Returns\2021 Returns"

PDF version number: "1.4"

File size (KB): 123.2

Producer: " "

Created: "2/3/2021 11:33 AM"

Modified: "2/3/2021 11:33 AM"

Trapping: "Unknown"

Number of plates: 4

Names of plates: "(Cyan) (Magenta) (Yellow) (Black) "

## Environment

Preflight, 18.4.0 (250)

Acrobat version: 21.001

Operating system: Microsoft Windows 7 Home Edition Service Pack 1 (Build 7601)

Account ID 0000-0035

This form is for FEB 2021

016-5000-1

SL

HR

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 (purchase tax)	60,000	100
2 Deductions - Include tax collected (From Schedule A, Line 30.)	4,954	100
3 Taxable receipts (Subtract Line 2 from Line 1.)	55,046	100

**Step 3: Tax on Receipts**

**Sales from locations within Illinois**

General Merchandise	55,046	100	x	.0900	4b	4,954	100
Food, drugs, and medical appliances			x	.0225	5b		

**Sales from locations outside Illinois**

General Merchandise			x	.0625	6b		
Food, drugs, and medical appliances			x	.0100	7a		

**Sales at prior rates**

Receipts taxed at other rates			x		8b		
9 Tax due on receipts (Add lines 4b, 5b, 6b, 7b, and 8b.)	4,954	100			9		

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

10 If you filed and paid by <b>MAR 22, 2021</b> multiply Line 9 by 1.75%	87	100
11 Net tax due on receipts (Subtract Line 10 from Line 9.)	4,867	100

**Step 5: Tax on Purchases**

General Merchandise			x	.0625	12b		
Food, drugs, and medical appliances			x	.0100	13a		
Purchases at other rates			x		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.)	4,867	100
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 PR-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.)	4,867	100

**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.)	4,867	100
24 Credit amount (See instructions.)		24
25 Payment due (Subtract Line 24 from Line 23.)	4,867	100

**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.

\*This return was eFiled. DO NOT file paper return.\*

Taxpayer	Telephone	Date
Mr Numbers		2/3/21
Preparer	Telephone	Date
800-963-1212		

**ST-1 (R-616) ID:1001**

This form is for FEB 2021  
 This form is due MAR 22, 2021  
 Account ID: 0000-0035

write the amount you are paying.

\$ 4,867.00

write your remittance and send your payment to

**ILLINOIS DEPARTMENT OF REVENUE  
 RETAILERS OCCUPATION TAX  
 SPRINGFIELD IL 62736-0001**

Just a reminder

simple 6.5% rate taxpayer

**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	4,954.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	
3	991 surcharge and ITAC Assessment collected	3	
4	Resale	4	
5	Interstate commerce	5	
6	Manufacturing machinery and equipment (MM&E) - Do not include graphic arts	6	
7	Farm machinery and equipment	7	
8	Graphic arts machinery and equipment - Do not combine with MM&E on Line 6	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	
14	Uncollectible debt on which tax was previously paid	14	
15	Sales of service - identify here _____	15	
16	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	16	
17	Total Section 1 deductions. Add Lines 1 through 16.	17	4,954.00

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

State motor fuel tax (See instructions.)		Number of gallons	DGFs/GGES	Rate		
18	Gasoline	18a	x	3.87	18b	
19	Gasohol and majority blended ethanol	19a	x	3.87	19b	
20	Diesel (including biodiesel and biodiesel blends)	20a	x	4.62	20b	
21	Dieselhol and other fuels at diesel rate	21a	x	4.62	21b	
22	Liquefied natural petroleum gas	22a	x	4.62	22b	
23	CNG and other fuels at gasoline rate	23a	x	3.87	23b	
Specific fuels sales tax exemption		Receipts	Percentage			
24	Bio diesel blend (1% to 10% biodiesel)	24a	x	0.25	24b	
25	Bio diesel blend (10% to 99% biodiesel)	25a	x	1.00	25b	
26	100 percent biodiesel	26a	x	1.00	26b	
27	Majority blended ethanol fuel	27a	x	1.00	27b	
28	Other motor fuel deductions _____				28	
29	Total Section 2 deductions. Add Lines 18b through 28				29	

**Section 3: Total deductions**

30	Add Lines 17 and 29. Write this amount on Step 2, Line 2 on the front of this return ->	30	4,954.00
----	---	----	----------

**Schedule B - E911 Surcharge and ITAC Assessment**

**Receipts from retail transactions or prepaid wireless telecommunications service**

1	Enter receipts subject to E911 Surcharge and ITAC Assessment	1	
<b>Figure your breakdown of retail transactions for Chicago locations</b>			
2	For Chicago locations	2a	x 1.0707 = 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 1.0307 = 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 and ITAC Assessment. Add Lines 4 and 7	8	
9	Your 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 ->	10	