**ONLY FOR A.BARR CUSTOMERS**

**ONLY FOR REMAINING FOUNTAIN PRODUCTS ORIGINALLY PURCHASED DIRECTLY FROM A.BARR ON WHICH TAX WAS CHARGED & PAID**

**Cook County**

# SWEETENED BEVERAGE TAX FOUNTAIN CREDIT REQUEST FORM

## STEP 1: IDENTIFY YOUR BUSINESS LOCATION (A THRU F)

| | |
|---|---|
| **A)** NAME OF BUSINESS: | |
| **B)** STOREFRONT ADDRESS: | |
| **C)** CONTACT PERSON AND TITLE: | |
| **D)** IBT NUMBER | |
| **E)** EMAIL: | |
| **F) A.BARR ACCOUNT #** | |

## STEP 2: LIST YOUR REMAINING ENDING INVENTORY BY PRODUCT FLAVOR & PACKAGE AS OF 11-30-2017

**COMPLETE ONLY COLUMNS [A] & [B] & [C]. DO NOT TOTAL. DO NOT WRITE IN GRAY COLUMNS.**

**(A.BARR WILL CALCULATE THE FINISHED SWEETENED BEVERAGE OUNCES ON YOUR REPORTED INVENTORY FOR ITEMS ON WHICH WE CHARGED & YOU PAID CCSBTAX)**

| [A] PRODUCT NAME | [B] PKG SIZE | [C] TOTAL IN SYRUP GALLONS | OFFICE USE | OFFICE USE |
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| **TOTALS:** | | | | |

## STEP 3: SIGN, DATE & IDENTIFY THE RESPONSIBLE PARTY CERTIFYING THE INVENTORY COUNT ACCURACY.

**Certification:** Under penalties as provided by law, which include a fine or imprisonment or both, the undersigned certifies that the information set forth in this return is true and accurate to the best of his or her knowledge and belief, and is taken from the books and records of the business for which this return is filed. This return must be signed by the owner or officer of the company, or designated agent of the taxpayer. Please retain a copy of this form for your record.

| SIGNATURE | FULL NAME | DATE | CONTACT NUMBER |
|---|---|---|---|
| | | | |

## STEP 4: VERIFY ACCURACY & COMPLETENESS THEN SEND BY 12-15-2017 TO A.BARR (CHOOSE 1):

| EMAIL: | FAX: | MAIL: A.BARR |
|---|---|---|
| **abarrCCSBTax@gmail.com** | **(630)972-7991** | **16300 103RD St Lemont, IL 60439** |

THIS INFO MUST BE TABULATED & TRANSMITTED TO COOK COUNTY WITH A.BARR'S FINAL SWEETENED BEVERAGE TAX RETURN.
YOUR REFUND REQUEST MAY BE DELAYED OR DENIED IF YOU FAILED TO FILE & PAY COOK COUNTY FLOOR TAX ON YOUR BEGINNING INVENTORY