## **ONLY FOR A.BARR CUSTOMERS**

ONLY FOR REMAINING FOUNTAIN PRODUCTS ORIGINALLY PURCHASED DIRECTLY FROM A.BARR ON WHICH TAX WAS CHARGED & PAID STEP 1: IDENTIFY YOUR BUSINESS LOCATION (A THRU F)



## SWEETENED BEVERAGE TAX FOUNTAIN CREDIT REQUEST FORM

E) EMAIL:	
D) IBT NUMBER	
C) CONTACT PERSON AND TITLE:	
B) STOREFRONT ADDRESS:	
A) NAME OF BUSINESS:	

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
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	E	DATE	CONTACT NUMBER
STEP 4: VERIFY ACCURACY & COMPL	ETENESS THEN SE	END BY 12-15-2	2 <b>017</b> то /	A.BARR (CHOOSE 1):
EMAIL:		FAX:		MAIL: A.BARR
abarrCCSBTax@gmail.com		(630)072_70	001	16300 103RD St
abarreesbrakeyr		(030)312-13	551	Lemont, IL 60439
THIS INFO MUST BE TABUI ATED & TRANSM	ITTED TO COOK COUN	ITY WITH A BARR'S FINA	I SWEETENE	D 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