

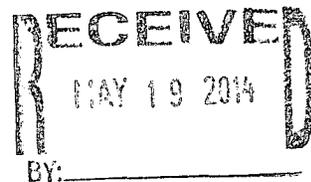
ILLINOIS INDEPENDENT TAX TRIBUNAL
CHICAGO, ILLINOIS

MOON GLO, INC.,

Petitioner,

vs.

ILLINOIS DEPARTMENT OF REVENUE.



PETITION

Moon Glo, Inc., an Illinois corporation, by its attorney, Gilbert Saikley, petitioning this Honorable Tax Tribunal, alleges and says:

1. Petitioner is Moon Glo, Inc., an Illinois corporation, 3124 Perrysville Road, Danville, Illinois 61834-5848, telephone number 217/442-9519.
2. Petitioner's identification number is 37-0858429.
3. Phillip Adams is the sole owner and shareholder of Moon Glo, Inc., is 62 years of age, was treated for colon cancer, and kidney stone surgery on April 26, 2011, again on August 29, 2011, again on March 13, 2012 and a fourth time on June 6, 2012, and had a stint inserted on March 7, 2012, during periods of which the operation of the Moon Glo, Inc. was entrusted to employees of Petitioner.
4. A copy of the statutory Notice of Tax Liability dated March 21, 2014, consisting of 6 pages, is attached hereto and marked Exhibit "A".
5. The period involved runs from January 1, 2011 through June 30, 2013.
6. Taxpayer filed sales tax returns for the periods involved and a copy of the same are submitted herewith, marked group Exhibit "B".
7. Said sales tax returns are true and correct.
8. Because taxpayer's cost of goods sold was in excess of 60%, which deviated from the Department's expected cost of sales of 40%, Respondent computed Petitioner's purchases for the periods involved and then "reconstructed" Petitioner's sales such that the cost of goods sold would be approximately 40% of the reconstructed sales.

Step 5: Tax on Purchases

	Column A (Complete before you call)	Column B (Amounts from TeleFile system)
12a General merchandise purchases	12a _____ 00	12b _____ 00
12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____ 00	13b _____ 00
13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile.)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases — Line 12b + Line 13b		15 _____ 00
Step 6: Net Tax Due		
16 Tax due from receipts and purchases — Line 11 + Line 15		16 1800 00
17 Prepaid sales tax (Line 17 is not accepted by TeleFile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.)	18 _____	
19 Prior overpayment	19 _____	
20 Total prepayments		20 _____
21 Net tax due		21 _____
Step 7: Payment Due		
22 Excess tax collected (Line 22 is not accepted by TeleFile.)	22 _____	
23 Total tax due		23 _____
24 Credit memorandum (Line 24 is not accepted by TeleFile.)	24 _____	
25 Payment due — Line 16 - Line 19		25 1800 00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

- 1 Confirmation number: _____
- 2 Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g., 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the 3T-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

- 1 Amount paid: \$ _____ 00
- 2 Debit date: ____/____/____
- 3 Confirmation number: _____

Paper check option

- 1 Amount paid: \$ 1800 00
- 2 Check number: 6636

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center, IL 492-4363.

Illinois Sales and Use Tax TeleFile Worksheet

IBT no. 0973-2764

This form is for June, 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780.
- 2 Enter your IBT no. when prompted by the TeleFile system
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A

Column A
(Complete before you call)

3768 00

Column B
(Amounts from TeleFile system)

Note: Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

- 1 Total receipts (include tax)
- 2 Deductions — include tax collected (Use the worksheet in the instructions)
- 3 Taxable receipts

15149 00

925 00

14224 00

Step 3: Tax on Receipts

Sales from locations within Illinois:

- 4a General merchandise receipts
- 4b Tax on general merchandise — Line 4a x your tax rate of .0650
- 5a Food, drugs, and medical appliances receipts
- 5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100

14224 00

00

.0100

925 00

00

Sales from locations outside Illinois:

- 6a General merchandise receipts
- 6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625)
- 7a Food, drugs, and medical appliances receipts
- 7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01)

00

00

.01

00

00

Sales at prior rates:

- 8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.)
- 8b Tax on receipts at other rates

00

00

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b

925 00

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

10 Discount — Line 9 x 1.75 percent (.0175)

00

If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount

11 Net tax due on receipts — Line 9 - Line 10

925 00

ST-1-T front (N-8/03)

Turn the page to continue.

ST-1-T TeleFile Payment (N-8/03)

This form is for June, 2011
 This form is due July 20, 2011
 IBT no.: 0973-2764

Write the amount you are paying.

\$ 925.00

Write your check and send your payment to

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

MOON-GLO INC
 3124 PERRYSVILLE RD
 DANVILLE IL 61834-5848

Step 5: Tax on Purchases

Column A
(Complete before you call)

Column B
(Amounts from TeleFile system)

12a General merchandise purchases 12a _____ 00
 12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)
 13a Food, drugs, and medical appliances purchases 13a _____ 00
 13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)
 14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile.) 14a _____
 14b Tax on general merchandise purchases
 15 Tax due on purchases — Line 12b + Line 13b

12b _____ 00

13b _____ 00

14b _____

15 _____ 00

Step 6: Net Tax Due

16 Tax due from receipts and purchases — Line 11 + Line 15
 17 Prepaid sales tax (Line 17 is not accepted by TeleFile.) 17 _____
 18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.) 18 _____
 19 Prior overpayment 19 _____
 20 Total prepayments
 21 Net tax due

16 925 00

20 _____

21 _____

Step 7: Payment Due

22 Excess tax collected (Line 22 is not accepted by TeleFile.) 22 _____
 23 Total tax due 23 _____
 24 Credit memorandum (Line 24 is not accepted by TeleFile.) 24 _____
 25 Payment due — Line 16 - Line 19: 25 925 00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

- Confirmation number: _____
- Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date, all single-digit months must begin with a zero (e.g., 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

- Amount paid: \$ _____ 00
- Debit date: ____/____/____
- Confirmation number: _____

Paper check option

- Amount paid: \$ 925.00
- Check number: _____

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center. IL 462-4383

Illinois Sales and Use Tax TeleFile Worksheet

IBT no 0973-2764

This form is for May 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780.
- 2 Enter your IBT no. when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A 4568 00
 Note: Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

1 Total receipts (include tax) 1 18633 00
 2 Deductions — include tax collected (Use the worksheet in the instructions.) 2 1137 00
 3 Taxable receipts 3 17496 00

Step 3: Tax on Receipts

Sales from locations within Illinois

4a General merchandise receipts 4a 17496 00
 4b Tax on general merchandise — Line 4a x your tax rate of .0650 4b 1137 00
 5a Food, drugs, and medical appliances receipts 5a 00
 5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100 5b 00

Sales from locations outside Illinois

6a General merchandise receipts 6a 00
 6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625) 6b 00
 7a Food, drugs, and medical appliances receipts 7a 00
 7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01) 7b 00

Sales at prior rates

8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.) 8a 00
 8b Tax on receipts at other rates 8b 00

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b 9 1137 00

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

10 Discount — Line 9 x 1.75 percent (.0175) 10 20 00
 If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.

11 Net tax due on receipts — Line 9 - Line 10 11 1117 00

ST-1-T front (N-8/03)

Turn the page to continue.

ST-1-T TeleFile Payment (N-8/03)

This form is for May 2011
 This form is due June 20, 2011
 IBT no 0973-2764

Write the amount you are paying.

\$ 1117.00

Write your check and send your payment to

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

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE IL 61834-5848

Step 5: Tax on Purchases

	Column A (Complete before you call)	Column B (Amounts from TeleFile system)
12a General merchandise purchases	12a _____ 00	12b _____ 00
12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____ 00	13b _____ 00
13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile.)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases — Line 12b + Line 13b		15 _____ 00
Step 6: Net Tax Due		
16 Tax due from receipts and purchases — Line 11 + Line 15		16 _____ 1117.00
17 Prepaid sales tax (Line 17 is not accepted by TeleFile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.)	18 _____	
19 Prior overpayment	19 _____	
20 Total prepayments		20 _____
21 Net tax due		21 _____
Step 7: Payment Due		
22 Excess tax collected (Line 22 is not accepted by TeleFile.)	22 _____	
23 Total tax due		23 _____
24 Credit memorandum (Line 24 is not accepted by TeleFile.)	24 _____	
25 Payment due — Line 16 - Line 19		25 _____ 1117.00

Third: confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

- 1 Confirmation number: _____
- 2 Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g., 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

- 1 Amount paid: \$ _____ | 00
- 2 Debit date: ____/____/____
- 3 Confirmation number: _____

Paper check option

- 1 Amount paid: \$ _____ | 1117.00
- 2 Check number: _____

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center. IL 492-4363

Illinois Sales and Use Tax TeleFile Worksheet

IBT no. 0973-2764

This form is for April, 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780.
- 2 Enter your IBT no. when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A

Column A
(Complete before you call)
3294.00

Column B
(Amounts from TeleFile system)

Note: Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

- 1 Total receipts (include tax) 1 16155.00
- 2 Deductions — include tax collected (Use the worksheet in the instructions) 2 986.00
- 3 Taxable receipts

3 15169.00

Step 3: Tax on Receipts

Sales from locations within Illinois

4a General merchandise receipts 4a 15169.00

4b Tax on general merchandise — Line 4a x your tax rate of .0650

4b 986.00

5a Food, drugs, and medical appliances receipts 5a 00

5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100

5b 00

Sales from locations outside Illinois

6a General merchandise receipts 6a 00

6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625)

6b 00

7a Food, drugs, and medical appliances receipts 7a 00

7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01)

7b 00

Sales at prior rates

8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.) 8a 00

8b Tax on receipts at other rates

8b 00

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b

9 986.00

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

10 Discount — Line 9 x 1.75 percent (.0175)

If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.

10 17.00

11 Net tax due on receipts — Line 9 - Line 10

11 969.00

F-1-T front (N-8/03)

Turn the page to continue.

ST-1-T TeleFile Payment (N-8/03)

This form is for April, 2011

This form is due May 20, 2011

IBT no.: 0973-2764

Write the amount you are paying.

\$ 969.00

Write your check and send your payment to

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

MOON-GLO INC
3124 PERRYSVILLE RD
DANVILLE IL 61834-5848

Step 5: Tax on Purchases

	Column A (Complete before you call)	Column B (Amounts from TeleFile system)
12a General merchandise purchases	12a _____, 00	12b _____, 00
12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____, 00	13b _____, 00
13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile.)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases — Line 12b + Line 13b		15 _____, 00
Step 6: Net Tax Due		
16 Tax due from receipts and purchases — Line 11 + Line 15		16 _____, 969 00
17 Prepaid sales tax (Line 17 is not accepted by TeleFile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.)	18 _____	
19 Prior overpayment	19 _____	
20 Total prepayments		20 _____
21 Net tax due		21 _____
Step 7: Payment Due		
22 Excess tax collected (Line 22 is not accepted by TeleFile.)	22 _____	
23 Total tax due		23 _____
24 Credit memorandum (Line 24 is not accepted by TeleFile.)	24 _____	
25 Payment due — Line 16 - Line 19		25 _____, 969 00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

- 1 Confirmation number: _____
- 2 Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g., 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the 3T-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option:

1 Amount paid: \$ _____, 00

2 Debit date: ____/____/____

3 Confirmation number: _____

Paper check option

1 Amount paid: \$ _____, 969 00

2 Check number: _____ 6597

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center, IL 492-4363

T-1-T back (N-8/03)

Illinois Sales and Use Tax TeleFile Worksheet

Account ID: 0973-2764

This form is for: March 1, 2011 - March 31, 2011

Do not mail this worksheet. Keep it for your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780
- 2 Enter your Account ID (IBT no.) when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

- A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) **A**
- Note: Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

- 1 Total receipts (include tax)
- 2 Deductions (Use the worksheet in the instructions.)
- 3 Taxable receipts

Step 3: Tax on Receipts

Sales from locations within Illinois

- 4a General merchandise receipts **4a**
- 4b Tax on general merchandise - Line 4a x your tax rate of 0.065
- 5a Food, drugs, and medical appliances receipts **5a**
- 5b Tax on food, drugs, and medical appliances - Line 5a x your tax rate of 0.01

Sales from locations outside Illinois

- 6a General merchandise receipts **6a**
- 6b Tax on general merchandise - Line 6a x the tax rate of 6.25 percent (0.0625)
- 7a Food, drugs, and medical appliances receipts **7a**
- 7b Tax on food, drugs, and medical appliances - Line 7a x your tax rate of 1 percent (0.01)

Sales at prior rates

- 8a Receipts taxed at other rates (Line 8a is not accepted by Telefile.) **8a**
- 8b Tax on receipts at other rates **8b**
- 9 Tax due on receipts - Line 4b + Line 5b + Line 6b + Line 7b

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

- 10 Discount - Line 9 x 1.75 percent (.0175)
If you file and pay in full by the due date and want to claim your retailer's discount, press *1 when prompted by TeleFile. TeleFile will calculate your discount.
- 11 Net tax due on receipts - Line 9 - Line 10

Column A (Complete before you call)	Column B (Amounts from TeleFile system)
A <u>3561</u> <u>00</u>	
1 <u>15099</u> <u>00</u>	
2 <u>922</u> <u>00</u>	
	3 <u>14177</u> <u>00</u>
4a <u>14177</u> <u>00</u>	4b <u>922</u> <u>00</u>
5a _____ <u>00</u>	5b _____ <u>00</u>
6a _____ <u>00</u>	6b _____ <u>00</u>
7a _____ <u>00</u>	7b _____ <u>00</u>
8a _____ _____	8b _____ _____
	9 <u>922</u> <u>00</u>
	10 <u>16</u> <u>00</u>
	11 <u>906</u> <u>00</u>

Turn the page to continue.

ST-1-T front (R-9/08)

ST-1-T TeleFile Payment (R-9/08)

This form is for the period ending: March 1, 2011 - March 31, 2011
This payment is due: April 20, 2011
Account ID (IBT number): 0973-2764

MOON-GLO INC
3124 PERRYVILLE RD
DANVILLE IL 61834-5848

Write the amount you are paying.

\$ 906.00

Write your remittance and send your payment to

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

Step 5: Tax on Purchases

	Column A (Complete before you call)	Column B (Amounts from TeleFile system)
12a General merchandise purchases	12a _____ 00	12b _____ 00
12b Tax on general merchandise purchases -- Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____ 00	13b _____ 00
13b Tax on food, drugs, and medical appliances purchases -- Line 13a x your tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by Telefile.)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases -- Line 12b + Line 13b		15 _____ 00

Step 6: Net Tax Due

16 Tax due from receipts and purchases -- Line 11 + Line 15		16 _____ 906 00
16a Manufacturer's Purchase Credit (Line 16a is not accepted by Telefile.)	16a _____	
17 Prepaid sales tax (Line 17 is not accepted by Telefile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by Telefile.)	18 _____	
19 Prior overpayment	19 _____ 00	20 _____
20 Total prepayments		21 _____
21 Net tax due		

Step 7: Payment Due

22 Excess tax collected (Line 22 is not accepted by Telefile.)	22 _____	
23 Total tax due		23 _____
24 Credit memorandum (Line 24 is not accepted by Telefile.)	24 _____	
25 Payment due -- Line 16 - Line 19		25 _____ 906 00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number. Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

- 1 Confirmation number: _____
- 2 Date of call: ___ / ___ / _____

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g., 01/01/04)

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

- 1 Amount paid: \$ _____ | 00
- 2 Debit date: ___ / ___ / _____
- 3 Confirmation number: _____

Paper check option

- 1 Amount paid: \$ _____ 906 | 00
- 2 Check number: _____

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by Forms Management Center. IL 492-4363

Illinois Sales and Use Tax TeleFile Worksheet

Account ID: 0973-2764

This form is for: February 1, 2011 - February 28, 2011

Do not mail this worksheet. Keep it for your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780
- 2 Enter your Account ID (IBT no.) when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

- A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A
- Note:** Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

- 1 Total receipts (include tax)
- 2 Deductions (Use the worksheet in the instructions.)
- 3 Taxable receipts

Step 3: Tax on Receipts

Sales from locations within Illinois

- 4a General merchandise receipts
- 4b Tax on general merchandise - Line 4a x your tax rate of 0.065
- 5a Food, drugs, and medical appliances receipts
- 5b Tax on food, drugs, and medical appliances - Line 5a x your tax rate of 0.01

Sales from locations outside Illinois

- 6a General merchandise receipts
- 6b Tax on general merchandise - Line 6a x the tax rate of 6.25 percent (0.0625)
- 7a Food, drugs, and medical appliances receipts
- 7b Tax on food, drugs, and medical appliances - Line 7a x your tax rate of 1 percent (0.01)

Sales at prior rates

- 8a Receipts taxed at other rates (Line 8a is not accepted by Telefile.)
- 8b Tax on receipts at other rates

- 9 Tax due on receipts - Line 4b + Line 5b + Line 6b + Line 7b

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

- 10 Discount - Line 9 x 1.75 percent (.0175)
If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.
- 11 Net tax due on receipts - Line 9 - Line 10

Column A (Complete before you call)	Column B (Amounts from TeleFile system)
A <u>2159 00</u>	
1 <u>17456 00</u>	
2 <u>1065 00</u>	3 <u>16391 00</u>
4a <u>16391 00</u>	4b <u>1065 00</u>
5a <u> 00</u>	5b <u> 00</u>
6a <u> 00</u>	6b <u> 00</u>
7a <u> 00</u>	7b <u> 00</u>
8a <u> 00</u>	8b <u> 00</u>
	9 <u>1065 00</u>
	10 <u>19 00</u>
	11 <u>1046 00</u>

Turn the page to continue.

ST-1-T front (R-9/08)

ST-1-T TeleFile Payment (R-9/08)

This form is for the period ending: February 1, 2011 - February 28, 2011
This payment is due: March 21, 2011
Account ID (IBT number): 0973-2764

MOON-GLO INC
3124 PERRYVILLE RD
DANVILLE IL 61834-5848

Write the amount you are paying.
\$ 1046 00

Write your remittance and send your payment to
ILLINOIS DEPARTMENT OF REVENUE
RETAILERS OCCUPATION TAX
SPRINGFIELD IL 62796-0001

00201021188881 09732764

P-004156

Illinois Sales and Use Tax TeleFile Worksheet

Account ID: 0973-2764

This form is for: January 1, 2011 - January 31, 2011

Do not mail this worksheet. Keep it for your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780
- 2 Enter your Account ID (IBT no.) when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: <u> 1 5 2 1 </u>

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

- A** Total dollar amount of alcoholic liquor purchased (invoiced and delivered) **A**
- Note: Distributors will also report your total liquor purchases to us.*

Column A (Complete before you call)
2433 00

Column B
(Amounts from TeleFile system)

Step 2: Taxable Receipts

- 1 Total receipts (include tax)
- 2 Deductions (Use the worksheet in the instructions.)
- 3 Taxable receipts

13779 00
2 841 00

3 12938 00

Step 3: Tax on Receipts

Sales from locations within Illinois

- 4a General merchandise receipts
- 4b Tax on general merchandise - Line 4a x your tax rate of 0.065
- 5a Food, drugs, and medical appliances receipts
- 5b Tax on food, drugs, and medical appliances - Line 5a x your tax rate of 0.01

4a 12938 00

4b 841 00

5a 00

5b 00

Sales from locations outside Illinois

- 6a General merchandise receipts
- 6b Tax on general merchandise - Line 6a x the tax rate of 6.25 percent (0.0625)
- 7a Food, drugs, and medical appliances receipts
- 7b Tax on food, drugs, and medical appliances - Line 7a x your tax rate of 1 percent (0.01)

6a 00

6b 00

7a 00

7b 00

Sales at prior rates

- 8a Receipts taxed at other rates (Line 8a is not accepted by Telefile.)
- 8b Tax on receipts at other rates
- 9 Tax due on receipts - Line 4b + Line 5b + Line 6b + Line 7b

8a

8b

9 841 00

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

- 10 Discount - Line 9 x 1.75 percent (.0175)
If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.

10 15 00

- 11 Net tax due on receipts - Line 9 - Line 10

11 826 00

Turn the page to continue.

ST-1-T front (R-9/08)

ST-1-T TeleFile Payment (R-9/08)

This form is for the period ending: January 1, 2011 - January 31, 2011

This payment is due: February 22, 2011

Account ID (IBT number): 0973-2764

MOON-GLO INC
3124 PERRYVILLE RD
DANVILLE IL 61834-5848

Write the amount you are paying.

\$ 826.00

Write your remittance and send your payment to

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

Step 5: Tax on Purchases

	Column A (Complete before you call)
12a General merchandise purchases	12a _____ 00
12b Tax on general merchandise purchases -- Line 12a x the tax rate of 6.25 percent (.0625)	
13a Food, drugs, and medical appliances purchases	13a _____ 00
13b Tax on food, drugs, and medical appliances purchases -- Line 13a x your tax rate of 1 percent (.01)	
14a Purchases taxed at other rates (Line 14a is not accepted by Telefile.)	14a _____
14b Tax on general merchandise purchases	
15 Tax due on purchases -- Line 12b + Line 13b	

Column B (Amounts from TeleFile system)

12b	_____ 00
13b	_____ 00
14b	_____
15	_____ 00
16	826 00
20	_____
21	_____
22	_____
23	_____
25	826 00

Step 6: Net Tax Due

16 Tax due from receipts and purchases -- Line 11 + Line 15	
16a Manufacturer's Purchase Credit (Line 16a is not accepted by Telefile.)	16a _____
17 Prepaid sales tax (Line 17 is not accepted by Telefile.)	17 _____
18 Quarter-monthly payments (Line 18 is not accepted by Telefile.)	18 _____
19 Prior overpayment	19 _____ 00
20 Total prepayments	
21 Net tax due	

Step 7: Payment Due

22 Excess tax collected (Line 22 is not accepted by Telefile.)	22 _____
23 Total tax due	
24 Credit memorandum (Line 24 is not accepted by Telefile.)	24 _____
25 Payment due -- Line 16 - Line 19	

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number. Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

- 1 Confirmation number: _____
- 2 Date of call: ____ / ____ / _____

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g., 01/01/04)

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

- 1 Amount paid: \$ _____ | 00
- 2 Debit date: ____ / ____ / _____
- 3 Confirmation number: _____

Paper check option

- 1 Amount paid: \$ 826 | 00
- 2 Check number: 6570

Illinois Department of Revenue

ST-1 Sales and Use Tax and E911 Surcharge Return (R-9/11)

**DO NOT MAIL
INTERNET FILED RETURN**

Account ID 0973-2764 This form is for: May 2012

This form is due: 06/20/2012

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) 4,138.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) **1** 28,114.00
2 Deductions - include tax collected
(From Schedule A, Line 29.) **2** 1,716.00
3 Taxable receipts
(Subtract Line 2 from Line 1.) **3** 26,398.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise
4a 26,398.00 x .0650 = **4b** 1,716.00
 Food, drugs, and medical appliances
5a 0.00 x .0100 = **5b** 0.00

Sales from locations outside Illinois

General merchandise
6a 0.00 x .0625 = **6b** 0.00
 Food, drugs, and medical appliances
7a 0.00 x .0100 = **7b** 0.00

Sales at prior rates

Receipts taxed at other rates
8a 0.00 = **8b** 0.00
9 Tax due on receipts
(Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** 1,716.00

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

10 If you filed and paid by the due date,
multiply Line 9 by .0175 **10** 30.00
11 Net tax due on receipts
(Subtract Line 10 from Line 9.) **11** 1,686.00

Step 5: Tax on Purchases

General merchandise
12a 0.00 x .0625 = **12b** 0.00
 Food, drugs, and medical appliances
13a 0.00 x .0100 = **13b** 0.00
 Purchases at other rates
14a 0.00 = **14b** 0.00
15 Tax due on purchases
(Add Lines 12b, 13b, and 14b.) **15** 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases
(Add Lines 11 and 15) **16** 1,686.00
16a Manufacturer's Purchase Credit
(See instructions.) **16a** 0.00
17 Prepaid sales tax
(Attach PST-2 copy A.) **17** 0.00
18 Quarter-monthly payments
(Paid on Form RR-3 or by EFT) **18** 0.00
19 Total prepayments
(Add Lines 16a, 17, and 18.) **19** 0.00
20 Net tax due
(Subtract Line 19 from Line 16.) **20** 1,686.00

Step 7: Payment Due

21 E911 Surcharge
(From Schedule B, Line 10.) **21** 0.00
22 Excess tax and excess surcharge collected
(See instructions.) **22** 0.00
23 Total tax and surcharge due
(Add Lines 20, 21 and 22.) **23** 1,686.00
24 Credit amount
(See instructions.) **24** 0.00
25 Payment due
(Subtract Line 24 from Line 23.) **25** 1,686.00

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.

PHILIP C ADAMS 217-442-9519 06/12/2012
 Taxpayer Phone Date
 PAT OWENS 217-442-1643 06/12/2012
 Preparer Phone Date

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE, IL 61834-5848

CONFIRMATION NUMBER: 12SWF000305926

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>1,716.00</u>
2	Taxes collected on food, drugs, and medical appliances sales and service	2	<u>0.00</u>
3	E911 surcharge collected	3	<u>0.00</u>
4	Resale	4	<u>0.00</u>
5	Interstate commerce	5	<u>0.00</u>
6	Manufacturing machinery and equipment (including photoprocessing)	6	<u>0.00</u>
7	Farm machinery and equipment	7	<u>0.00</u>
8	Graphic arts machinery and equipment	8	<u>0.00</u>
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	<u>0.00</u>
10	Enterprise zone		
a	Sales of building materials	10a	<u>0.00</u>
b	Sales of items other than building materials	10b	<u>0.00</u>
11	High impact business		
a	Sales of building materials	11a	<u>0.00</u>
b	Sales of items other than building materials	11b	<u>0.00</u>
12	River edge redevelopment zone building materials	12	<u>0.00</u>
13	Exempt organizations	13	<u>0.00</u>
14	Sales of service - identify here _____	14	<u>0.00</u>
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	<u>0.00</u>
16	Total Section 1 deductions. Add Lines 1 through 15.	16	<u>1,716.00</u>

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>		<u>Rate</u>		
17	Gasoline	17a	<u>0.000</u>	x	.1900	= 17b <u>0.00</u>
18	Gasohol and majority blended ethanol	18a	<u>0.000</u>	x	.1900	= 18b <u>0.00</u>
19	Diesel (including biodiesel and biodiesel blends)	19a	<u>0.000</u>	x	.2150	= 19b <u>0.00</u>
20	Dieselhol	20a	<u>0.000</u>	x	.2150	= 20b <u>0.00</u>
21	Other special fuels	21a	<u>0.000</u>	x	.1900	= 21b <u>0.00</u>
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>		<u>Percentage</u>		
22	Gasohol	22a	<u>0.00</u>	x	.2000	= 22b <u>0.00</u>
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a	<u>0.00</u>	x	.2000	= 23b <u>0.00</u>
24	Biodiesel blend (1- 89 percent petroleum-based product)	24a	<u>0.00</u>	x	1.0000	= 24b <u>0.00</u>
25	100 percent biodiesel	25a	<u>0.00</u>	x	1.0000	= 25b <u>0.00</u>
26	Majority blended ethanol fuel	26a	<u>0.00</u>	x	1.0000	= 26b <u>0.00</u>
27	Other motor fuel deductions _____	27				<u>0.00</u>
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.	28				<u>0.00</u>

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	<u>1,716.00</u>
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Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1	<u>0.00</u>
Figure your breakdown of retail transactions for Chicago locations			
2	For Chicago locations	2a	<u>0.00</u> x .0700 = 2b <u>0.00</u>
3	For Chicago locations at prior rates	3a	<u>0.00</u>
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4	<u>0.00</u>
Figure your breakdown of retail transactions for non-Chicago locations			
5	For non-Chicago locations	5a	<u>0.00</u> x .0150 = 5b <u>0.00</u>
6	For non-Chicago locations at prior rates	6a	<u>0.00</u>
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7	<u>0.00</u>
Figure your net E911 Surcharge			
8	Total E911 Surcharge. Add Lines 4 and 7.	8	<u>0.00</u>
9	If you filed and paid by the due date, multiply Line 8 by .0500	9	<u>0.00</u>
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.	10	<u>0.00</u>

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Illinois Department of Revenue

ST-1 Sales and Use Tax and E911 Surcharge Return (R-9/11)

DO NOT MAIL
INTERNET FILED RETURN

Account ID 0973-2764 This form is for: April 2012

This form is due: 05/21/2012

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) 3,538.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) **1** 29,920.00
2 Deductions - include tax collected
(From Schedule A, Line 29.) **2** 1,826.00
3 Taxable receipts **3** 28,094.00
(Subtract Line 2 from Line 1.)

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise
4a 28,094.00 x .0650 = **4b** 1,826.00
 Food, drugs, and medical appliances
5a 0.00 x .0100 = **5b** 0.00

Sales from locations outside Illinois

General merchandise
6a 0.00 x .0625 = **6b** 0.00
 Food, drugs, and medical appliances
7a 0.00 x .0100 = **7b** 0.00

Sales at prior rates

Receipts taxed at other rates
8a 0.00 **8b** 0.00
9 Tax due on receipts **9** 1,826.00
(Add Lines 4b, 5b, 6b, 7b, and 8b.)

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

10 If you filed and paid by the due date,
multiply Line 9 by .0175 **10** 32.00
11 Net tax due on receipts **11** 1,794.00
(Subtract Line 10 from Line 9.)

Step 5: Tax on Purchases

General merchandise
12a 0.00 x .0625 = **12b** 0.00
 Food, drugs, and medical appliances
13a 0.00 x .0100 = **13b** 0.00
 Purchases at other rates
14a 0.00 **14b** 0.00
15 Tax due on purchases
(Add Lines 12b, 13b, and 14b.) **15** 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases
(Add Lines 11 and 15.) **16** 1,794.00
16a Manufacturer's Purchase Credit
(See instructions.) **16a** 0.00
17 Prepaid sales tax
(Attach PST-2 copy A.) **17** 0.00
18 Quarter-monthly payments
(Paid on Form RR-3 or by EFT) **18** 0.00
19 Total prepayments **19** 0.00
(Add Lines 16a, 17, and 18.)
20 Net tax due **20** 1,794.00
(Subtract Line 19 from Line 16.)

Step 7: Payment Due

21 E911 Surcharge **21** 0.00
(From Schedule B, Line 10.)
22 Excess tax and excess surcharge collected
(See instructions.) **22** 0.00
23 Total tax and surcharge due
(Add Lines 20, 21 and 22.) **23** 1,794.00
24 Credit amount
(See instructions.) **24** 0.00
25 Payment due **25** 1,794.00
(Subtract Line 24 from Line 23.)

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.

PHILIP C ADAMS 217-442-9519 05/15/2012
 Taxpayer Phone Date
PAT OWENS 217-442-1643 05/15/2012
 Preparer Phone Date

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE, IL 61834-5848

CONFIRMATION NUMBER: 12SWF000243544

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	1,826.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	4	0.00
5	Interstate commerce	5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	6	0.00
7	Farm machinery and equipment	7	0.00
8	Graphic arts machinery and equipment	8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	0.00
10	Enterprise zone		
	a Sales of building materials	10a	0.00
	b Sales of items other than building materials	10b	0.00
11	High impact business		
	a Sales of building materials	11a	0.00
	b Sales of items other than building materials	11b	0.00
12	River edge redevelopment zone building materials	12	0.00
13	Exempt organizations	13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15.	16	1,826.00

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 0.000	x .1900 =	17b	0.00
18	Gasohol and majority blended ethanol	18a 0.000	x .1900 =	18b	0.00
19	Diesel (including biodiesel and biodiesel blends)	19a 0.000	x .2150 =	19b	0.00
20	Dieselhol	20a 0.000	x .2150 =	20b	0.00
21	Other special fuels	21a 0.000	x .1900 =	21b	0.00
Specific fuels sales tax exemption		Receipts	Percentage		
22	Gasohol	22a 0.00 x .2000 =		22b	0.00
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a 0.00 x .2000 =		23b	0.00
24	Biodiesel blend (1 - 89 percent petroleum-based product)	24a 0.00 x 1.0000 =		24b	0.00
25	100 percent biodiesel	25a 0.00 x 1.0000 =		25b	0.00
26	Majority blended ethanol fuel	26a 0.00 x 1.0000 =		26b	0.00
27	Other motor fuel deductions _____			27	0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.			28	0.00

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	1,826.00
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Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service				
	Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1			0.00
Figure your breakdown of retail transactions for Chicago locations					
2	For Chicago locations	2a 0.00 x .0700 =		2b	0.00
3	For Chicago locations at prior rates	3a 0.00		3b	0.00
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.			4	0.00
Figure your breakdown of retail transactions for non-Chicago locations					
5	For non-Chicago locations	5a 0.00 x .0150 =		5b	0.00
6	For non-Chicago locations at prior rates	6a 0.00		6b	0.00
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.			7	0.00
Figure your net E911 Surcharge					
8	Total E911 Surcharge. Add Lines 4 and 7.			8	0.00
9	If you filed and paid by the due date, multiply Line 8 by .0500			9	0.00
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.			10	0.00

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Illinois Department of Revenue

ST-1 Sales and Use Tax and E911 Surcharge Return (R-9/11)

DO NOT MAIL
INTERNET FILED RETURN

Account ID 0973-2764 This form is for: March 2012

This form is due: 04/20/2012

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) 2,335.00

Step 2: Taxable Receipts

1 Total receipts (include tax.) **1** 23,038.00
2 Deductions - include tax collected
(From Schedule A, Line 29.) **2** 1,406.00
3 Taxable receipts
(Subtract Line 2 from Line 1.) **3** 21,632.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a 21,632.00 x .0650 = **4b** 1,406.00

Food, drugs, and medical appliances

5a 0.00 x .0100 = **5b** 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = **6b** 0.00

Food, drugs, and medical appliances

7a 0.00 x .0100 = **7b** 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 **8b** 0.00

9 Tax due on receipts

(Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** 1,406.00

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

10 If you filed and paid by the due date,

multiply Line 9 by .0175 **10** 25.00

11 Net tax due on receipts

(Subtract Line 10 from Line 9.) **11** 1,381.00

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = **12b** 0.00

Food, drugs, and medical appliances

13a 0.00 x .0100 = **13b** 0.00

Purchases at other rates

14a 0.00 **14b** 0.00

15 Tax due on purchases

(Add Lines 12b, 13b, and 14b.) **15** 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases

(Add Lines 11 and 15.) **16** 1,381.00

16a Manufacturer's Purchase Credit

(See instructions.) **16a** 0.00

17 Prepaid sales tax

(Attach PST-2 copy A.) **17** 0.00

18 Quarter-monthly payments

(Paid on Form RR-3 or by EFT) **18** 0.00

19 Total prepayments

(Add Lines 16a, 17, and 18.) **19** 0.00

20 Net tax due

(Subtract Line 19 from Line 16.) **20** 1,381.00

Step 7: Payment Due

21 E911 Surcharge

(From Schedule B, Line 10.) **21** 0.00

22 Excess tax and excess surcharge collected

(See instructions.) **22** 0.00

23 Total tax and surcharge due

(Add Lines 20, 21 and 22.) **23** 1,381.00

24 Credit amount

(See instructions.) **24** 0.00

25 Payment due

(Subtract Line 24 from Line 23.) **25** 1,381.00

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.

PHILIP C ADAMS 217-442-9519 04/10/2012
Taxpayer Phone Date

PAT OWENS 217-442-1643 04/10/2012
Preparer Phone Date

MOON-GLO INC
3124 PERRYVILLE RD
DANVILLE, IL 61834-5848

CONFIRMATION NUMBER: 12SWF000144348

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	1,406.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	4	0.00
5	Interstate commerce	5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	6	0.00
7	Farm machinery and equipment	7	0.00
8	Graphic arts machinery and equipment	8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	0.00
10	Enterprise zone		
	a Sales of building materials	10a	0.00
	b Sales of items other than building materials	10b	0.00
11	High impact business		
	a Sales of building materials	11a	0.00
	b Sales of items other than building materials	11b	0.00
12	River edge redevelopment zone building materials	12	0.00
13	Exempt organizations	13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15.	16	1,406.00

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a 0.000	x .1900 =	17b	0.00
18	Gasohol and majority blended ethanol	18a 0.000	x .1900 =	18b	0.00
19	Diesel (including biodiesel and biodiesel blends)	19a 0.000	x .2150 =	19b	0.00
20	Dieselhol	20a 0.000	x .2150 =	20b	0.00
21	Other special fuels	21a 0.000	x .1900 =	21b	0.00
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a 0.00	x .2000 =	22b	0.00
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a 0.00	x .2000 =	23b	0.00
24	Biodiesel blend (1 - 89 percent petroleum-based product)	24a 0.00	x 1.0000 =	24b	0.00
25	100 percent biodiesel	25a 0.00	x 1.0000 =	25b	0.00
26	Majority blended ethanol fuel	26a 0.00	x 1.0000 =	26b	0.00
27	Other motor fuel deductions _____			27	0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.			28	0.00

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	1,406.00
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Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service				
	Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1			0.00
Figure your breakdown of retail transactions for Chicago locations					
2	For Chicago locations	2a 0.00	x .0700 =	2b	0.00
3	For Chicago locations at prior rates	3a 0.00		3b	0.00
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4			0.00
Figure your breakdown of retail transactions for non-Chicago locations					
5	For non-Chicago locations	5a 0.00	x .0150 =	5b	0.00
6	For non-Chicago locations at prior rates	6a 0.00		6b	0.00
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7			0.00
Figure your net E911 Surcharge					
8	Total E911 Surcharge. Add Lines 4 and 7.	8			0.00
9	If you filed and paid by the due date, multiply Line 8 by .0500	9			0.00
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.	10			0.00

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Illinois Department of Revenue

ST-1 Sales and Use Tax and E911 Surcharge Return (R-9/11)

**DO NOT MAIL
INTERNET FILED RETURN**

Account ID 0973-2764 This form is for: February 2012

This form is due: 03/20/2012

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) 2,443.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) **1** 26,779.00
2 Deductions - include tax collected
(From Schedule A, Line 29.) **2** 1,634.00
3 Taxable receipts
(Subtract Line 2 from Line 1.) **3** 25,145.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise
4a 25,145.00 x .0650 = **4b** 1,634.00
 Food, drugs, and medical appliances
5a 0.00 x .0100 = **5b** 0.00

Sales from locations outside Illinois

General merchandise
6a 0.00 x .0625 = **6b** 0.00
 Food, drugs, and medical appliances
7a 0.00 x .0100 = **7b** 0.00

Sales at prior rates

Receipts taxed at other rates
8a 0.00 **8b** 0.00
9 Tax due on receipts
(Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** 1,634.00

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

10 If you filed and paid by the due date,
multiply Line 9 by .0175 **10** 29.00
11 Net tax due on receipts
(Subtract Line 10 from Line 9.) **11** 1,605.00

Step 5: Tax on Purchases

General merchandise
12a 0.00 x .0625 = **12b** 0.00
 Food, drugs, and medical appliances
13a 0.00 x .0100 = **13b** 0.00
 Purchases at other rates
14a 0.00 **14b** 0.00
15 Tax due on purchases
(Add Lines 12b, 13b, and 14b.) **15** 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases
(Add Lines 11 and 15) **16** 1,605.00
16a Manufacturer's Purchase Credit
(See instructions.) **16a** 0.00
17 Prepaid sales tax
(Attach PST-2 copy A.) **17** 0.00
18 Quarter-monthly payments
(Paid on Form RR-3 or by EFT) **18** 0.00
19 Total prepayments
(Add Lines 16a, 17, and 18.) **19** 0.00
20 Net tax due
(Subtract Line 19 from Line 16.) **20** 1,605.00

Step 7: Payment Due

21 E911 Surcharge
(From Schedule B, Line 10.) **21** 0.00
22 Excess tax and excess surcharge collected
(See instructions.) **22** 0.00
23 Total tax and surcharge due
(Add Lines 20, 21 and 22.) **23** 1,605.00
24 Credit amount
(See instructions.) **24** 0.00
25 Payment due
(Subtract Line 24 from Line 23.) **25** 1,605.00

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.

PHILIP C. ADAMS 217-442-9519 03/19/2012
 Taxpayer Phone Date
 PAT OWENS 217-442-1643 03/19/2012
 Preparer Phone Date

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE, IL 61834-5848

CONFIRMATION NUMBER: 12SWF000104859

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	1,634.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	4	0.00
5	Interstate commerce	5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	6	0.00
7	Farm machinery and equipment	7	0.00
8	Graphic arts machinery and equipment	8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	0.00
10	Enterprise zone		
a	Sales of building materials	10a	0.00
b	Sales of items other than building materials	10b	0.00
11	High impact business		
a	Sales of building materials	11a	0.00
b	Sales of items other than building materials	11b	0.00
12	River edge redevelopment zone building materials	12	0.00
13	Exempt organizations	13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15.	16	1,634.00

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a 0.000	x .1900 =	17b	0.00
18	Gasohol and majority blended ethanol	18a 0.000	x .1900 =	18b	0.00
19	Diesel (including biodiesel and biodiesel blends)	19a 0.000	x .2150 =	19b	0.00
20	Dieselhol	20a 0.000	x .2150 =	20b	0.00
21	Other special fuels	21a 0.000	x .1900 =	21b	0.00
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a 0.00	x .2000 =	22b	0.00
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a 0.00	x .2000 =	23b	0.00
24	Biodiesel blend (1- 89 percent petroleum-based product)	24a 0.00	x 1.0000 =	24b	0.00
25	100 percent biodiesel	25a 0.00	x 1.0000 =	25b	0.00
26	Majority blended ethanol fuel	26a 0.00	x 1.0000 =	26b	0.00
27	Other motor fuel deductions _____			27	0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.			28	0.00

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	1,634.00
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Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1	0.00
Figure your breakdown of retail transactions for Chicago locations			
2	For Chicago locations	2a 0.00 x .0700 =	2b 0.00
3	For Chicago locations at prior rates	3a 0.00	3b 0.00
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4	0.00
Figure your breakdown of retail transactions for non-Chicago locations			
5	For non-Chicago locations	5a 0.00 x .0150 =	5b 0.00
6	For non-Chicago locations at prior rates	6a 0.00	6b 0.00
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7	0.00
Figure your net E911 Surcharge			
8	Total E911 Surcharge. Add Lines 4 and 7.	8	0.00
9	If you filed and paid by the due date, multiply Line 8 by .0500	9	0.00
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.	10	0.00

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Illinois Department of Revenue

DO NOT MAIL
INTERNET FILED RETURN

ST-1 Sales and Use Tax and E911 Surcharge Return (R-9/11)

Account ID 0973-2764 This form is for: January 2012

This form is due: 02/21/2012

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) 3,284.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) 1 24,163.00
 2 Deductions - include tax collected (From Schedule A, Line 29.) 2 1,475.00
 3 Taxable receipts (Subtract Line 2 from Line 1.) 3 22,688.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise
 4a 22,688.00 x .0650 = 4b 1,475.00
 Food, drugs, and medical appliances
 5a 0.00 x .0100 = 5b 0.00

Sales from locations outside Illinois

General merchandise
 6a 0.00 x .0625 = 6b 0.00
 Food, drugs, and medical appliances
 7a 0.00 x .0100 = 7b 0.00

Sales at prior rates

Receipts taxed at other rates
 8a 0.00 8b 0.00
 9 Tax due on receipts (Add Lines 4b, 5b, 6b, 7b, and 8b.) 9 1,475.00

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

10 If you filed and paid by the due date, multiply Line 9 by .0175 10 26.00
 11 Net tax due on receipts (Subtract Line 10 from Line 9) 11 1,449.00

Step 5: Tax on Purchases

General merchandise
 12a 0.00 x .0625 = 12b 0.00
 Food, drugs, and medical appliances
 13a 0.00 x .0100 = 13b 0.00
 Purchases at other rates
 14a 0.00 14b 0.00
 15 Tax due on purchases (Add Lines 12b, 13b, and 14b) 15 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases (Add Lines 11 and 15.) 16 1,449.00
 16a Manufacturer's Purchase Credit (See instructions.) 16a 0.00
 17 Prepaid sales tax (Attach PST-2 copy A.) 17 0.00
 18 Quarter-monthly payments (Paid on Form RR-3 or by EFT) 18 0.00
 19 Total prepayments (Add Lines 16a, 17, and 18) 19 0.00
 20 Net tax due (Subtract Line 19 from Line 16.) 20 1,449.00

Step 7: Payment Due

21 E911 Surcharge (From Schedule B, Line 10.) 21 0.00
 22 Excess tax and excess surcharge collected (See instructions.) 22 0.00
 23 Total tax and surcharge due (Add Lines 20, 21 and 22.) 23 1,449.00
 24 Credit amount (See instructions.) 24 0.00
 25 Payment due (Subtract Line 24 from Line 23.) 25 1,449.00

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.

PHILIP C ADAMS 217-442-9519 02/16/2012
 Taxpayer Phone Date
 PAT OWENS 217-442-1643 02/16/2012
 Preparer Phone Date

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE, IL 61834-5848

CONFIRMATION NUMBER: 12SWF000029648

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	1,475.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	4	0.00
5	Interstate commerce	5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	6	0.00
7	Farm machinery and equipment	7	0.00
8	Graphic arts machinery and equipment	8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	0.00
10	Enterprise zone		
a	Sales of building materials	10a	0.00
b	Sales of items other than building materials	10b	0.00
11	High impact business		
a	Sales of building materials	11a	0.00
b	Sales of items other than building materials	11b	0.00
12	River edge redevelopment zone building materials	12	0.00
13	Exempt organizations	13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15.	16	1,475.00

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a 0.000	x .1900 =	17b	0.00
18	Gasohol and majority blended ethanol	18a 0.000	x .1900 =	18b	0.00
19	Diesel (including biodiesel and biodiesel blends)	19a 0.000	x .2150 =	19b	0.00
20	Dieselhol	20a 0.000	x .2150 =	20b	0.00
21	Other special fuels	21a 0.000	x .1900 =	21b	0.00
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a 0.00 x	.2000 =	22b	0.00
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a 0.00 x	.2000 =	23b	0.00
24	Biodiesel blend (1- 89 percent petroleum-based product)	24a 0.00 x	1.0000 =	24b	0.00
25	100 percent biodiesel	25a 0.00 x	1.0000 =	25b	0.00
26	Majority blended ethanol fuel	26a 0.00 x	1.0000 =	26b	0.00
27	Other motor fuel deductions _____			27	0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.			28	0.00

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	1,475.00
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Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1	0.00
Figure your breakdown of retail transactions for Chicago locations			
2	For Chicago locations	2a 0.00 x .0700 =	2b 0.00
3	For Chicago locations at prior rates	3a 0.00	3b 0.00
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4	0.00
Figure your breakdown of retail transactions for non-Chicago locations			
5	For non-Chicago locations	5a 0.00 x .0150 =	5b 0.00
6	For non-Chicago locations at prior rates	6a 0.00	6b 0.00
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7	0.00
Figure your net E911 Surcharge			
8	Total E911 Surcharge. Add Lines 4 and 7.	8	0.00
9	If you filed and paid by the due date, multiply Line 8 by .0500	9	0.00
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.	10	0.00

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Illinois Sales and Use Tax TeleFile Worksheet

IBT no. 0973-2764

This form is for December 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780
- 2 Enter your IBT no. when prompted by the TeleFile system
- 3 Enter your PIN when prompted by the TeleFile system

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A

Column A
(Complete before you call)
4199.00

Column B
(Amounts from TeleFile system)

Note: Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

- 1 Total receipts (include tax) 26716.00
- 2 Deductions — include tax collected (Use the worksheet in the instructions) 1631.00
- 3 Taxable receipts 25085.00

Step 3: Tax on Receipts

Sales from locations within Illinois

4a General merchandise receipts 25085.00

4b Tax on general merchandise — Line 4a x your tax rate of .0650

5a Food, drugs, and medical appliances receipts 1.00

5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100

Sales from locations outside Illinois

6a General merchandise receipts 1.00

6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625)

7a Food, drugs, and medical appliances receipts 1.00

7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01)

Sales at prior rates

8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.)

8b Tax on receipts at other rates

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b 1631.00

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

10 Discount — Line 9 x 1.75 percent (.0175)

If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.

11 Net tax due on receipts — Line 9 - Line 10 1602.00

ST-1-T (Form IN-8/03)

ST-1-T TeleFile Payment (IN-8/03)

This form is for December 2011
 This form is due January 20, 2011
 IBT no. 0973-2764

Write the amount you are paying.

\$ 1602.00

Write your check and send your payment to

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

MOON-GLO INC
 3124 PERRYSVILLE RD
 DANVILLE IL 61834-5848

Turn the page to continue.

Step 5: Tax on Purchases

	Column A (Complete before you call)	Column B (Amounts from TeleFile system)
12a General merchandise purchases	12a _____ 00	12b _____ 00
12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____ 00	13b _____ 00
13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases — Line 12b + Line 13b		15 _____ 00
Step 6: Net Tax Due		
16 Tax due from receipts and purchases — Line 11 + Line 15		16 _____ 1602.00
17 Prepaid sales tax (Line 17 is not accepted by TeleFile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.)	18 _____	
19 Prior overpayment	19 _____	
20 Total prepayments		20 _____
21 Net tax due		21 _____
Step 7: Payment Due		
22 Excess tax collected (Line 22 is not accepted by TeleFile)	22 _____	
23 Total tax due		23 _____
24 Credit memorandum (Line 24 is not accepted by TeleFile.)	24 _____	
25 Payment due — Line 16 - Line 19		25 _____ 1602.00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

- 1 Confirmation number: _____
- 2 Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g., 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

- 1 Amount paid: \$ _____ | 00
- 2 Debit date: ____/____/____
- 3 Confirmation number: _____

Paper check option

- 1 Amount paid: \$ 1602.00
- 2 Check number: 6076

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center. IL 492-4363

Illinois Sales and Use Tax TeleFile Worksheet

IBT no. 0973-2764

This form is for November, 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1730.
- 2 Enter your IBT no. when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 Information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A
 Note: Distributors will also report your total liquor purchases to us.

Column A
 (Complete before you call)
2928 00

Column B
 (Amounts from TeleFile system)

Step 2: Taxable Receipts

- 1 Total receipts (include tax) 1 23194.00
- 2 Deductions — include tax collected (Use the worksheet in the instructions) 2 1416.00
- 3 Taxable receipts 3 21778.00

Step 3: Tax on Receipts

Sales from locations within Illinois

- 4a General merchandise receipts 4a 21778 00
- 4b Tax on general merchandise — Line 4a x your tax rate of .0650 4b 1416.00
- 5a Food, drugs, and medical appliances receipts 5a 00
- 5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100 5b 00

Sales from locations outside Illinois

- 6a General merchandise receipts 6a 00
- 6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625) 6b 00
- 7a Food, drugs, and medical appliances receipts 7a 00
- 7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01) 7b 00

Sales at prior rates

- 8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.) 8a 00
- 8b Tax on receipts at other rates 8b 00

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b 9 1416.00

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

10 Discount — Line 9 x 1.75 percent (.0175)
 If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount

11 Net tax due on receipts — Line 9 - Line 10 11 1391.00

Turn the page to continue.

ST-1-T TeleFile Payment (IN-8/03)

This form is for November, 2011
 This form is due December 20, 2011
 IBT no.: 0973-2764

Write the amount you are paying.

\$ 1391.00

Write your check and send your payment to

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

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE IL 61834-5848

Step 5: Tax on Purchase

	Column A (Complete before you call)	Column B (Amounts from TeleFile system)
12a General merchandise purchases	12a _____ 00	12b _____ 00
12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____ 00	13b _____ 00
13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases — Line 12b + Line 13b		15 _____ 00
Step 6: Net Tax Due		
16 Tax due from receipts and purchases — Line 11 + Line 15		16 1391.00
17 Prepaid sales tax (Line 17 is not accepted by TeleFile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.)	18 _____	
19 Prior overpayment	19 _____	
20 Total prepayments		20 _____
21 Net tax due		21 _____
Step 7: Payment Due		
22 Excess tax collected (Line 22 is not accepted by TeleFile.)	22 _____	
23 Total tax due		23 _____
24 Credit memorandum (Line 24 is not accepted by TeleFile.)	24 _____	
25 Payment due — Line 16 - Line 19		25 1391.00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

- 1 Confirmation number: _____
- 2 Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants. When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g. 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

- 1 Amount paid: \$ _____ 00
- 2 Debit date: ____/____/____
- 3 Confirmation number: _____

Paper check option

- 1 Amount paid: \$ 1391.00
- 2 Check number: 6672

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center. IL 492-4363.

Illinois Sales and Use Tax TeleFile Worksheet

IBT no. 0973-2764

This form is for October, 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780.
- 2 Enter your IBT no. when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A 2877 00
 Note: Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

1 Total receipts (include tax) 1 21344 00
 2 Deductions — include tax collected (Use the worksheet in the instructions) 2 1303 00
 3 Taxable receipts 3 20041 00

Step 3: Tax on Receipts

Sales from locations within Illinois

4a General merchandise receipts 4a 20041 00
 4b Tax on general merchandise — Line 4a x your tax rate of .0650 4b 1303 00
 5a Food, drugs, and medical appliances receipts 5a 00
 5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100 5b 00

Sales from locations outside Illinois

6a General merchandise receipts 6a 00
 6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625) 6b 00
 7a Food, drugs, and medical appliances receipts 7a 00
 7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01) 7b 00

Sales at prior rates

8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.) 8a 00
 8b Tax on receipts at other rates 8b 00

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b 9 1303 00

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

10 Discount — Line 9 x 1.75 percent (.0175)
 If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.

11 Net tax due on receipts — Line 9 - Line 10 11 1280 00

Column A (Complete before you call)	Column B (Amounts from TeleFile system)
<u>2877 00</u>	
<u>21344 00</u>	<u>20041 00</u>
<u>1303 00</u>	<u>1303 00</u>
	<u>00</u>
	<u>1303 00</u>
	<u>23 00</u>
	<u>1280 00</u>

Turn the page to continue.

T-1-T front (N-8/03)

ST-1-T TeleFile Payment (N-8/03)

This form is for October, 2011

This form is due Nov. 20, 2011

IBT no.: 0973-2764

Write the amount you are paying.

\$ 1280 00

Write your check and send your payment to

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

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE IL 61834-5848

Step 5: Tax on Purchases

	Column A (Complete before you call)	Column B (Amounts from TeleFile system)
12a General merchandise purchases	12a _____ 00	12b _____ 00
12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____ 00	13b _____ 00
13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile.)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases — Line 12b + Line 13b		15 _____ 00
Step 6: Net Tax Due		
16 Tax due from receipts and purchases — Line 11 + Line 15		16 _____ 1280.00
17 Prepaid sales tax (Line 17 is not accepted by TeleFile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.)	18 _____	
19 Prior overpayment	19 _____	
20 Total prepayments		20 _____
21 Net tax due		21 _____
Step 7: Payment Due		
22 Excess tax collected (Line 22 is not accepted by TeleFile.)	22 _____	
23 Total tax due		23 _____
24 Credit memorandum (Line 24 is not accepted by TeleFile.)	24 _____	
25 Payment due — Line 16 - Line 19		25 _____ 1280.00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

- 1 Confirmation number: _____
- 2 Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date, all single-digit months must begin with a zero (e.g., 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

- 1 Amount paid: \$ _____ 00
- 2 Debit date: ____/____/____
- 3 Confirmation number: _____

Paper check option

- 1 Amount paid: \$ _____ 1280.00
- 2 Check number: _____

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center, IL 492-4363.

Illinois Sales and Use Tax TeleFile Worksheet

IBT no. 0973-2764

This form is for September, 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780.
- 2 Enter your IBT no. when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A

Column A
(Complete before you call)
3638 00

Column B
(Amounts from TeleFile system)

Note: Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

- 1 Total receipts (include tax) 1 26421 00
- 2 Deductions — include tax collected (Use the worksheet in the instructions) 2 1613 00
- 3 Taxable receipts 3 24808 00

Step 3: Tax on Receipts

Sales from locations within Illinois

- 4a General merchandise receipts 4a 24808 00
- 4b Tax on general merchandise — Line 4a x your tax rate of .0650 4b 1613 00
- 5a Food, drugs, and medical appliances receipts 5a 00
- 5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100 5b 00

Sales from locations outside Illinois

- 6a General merchandise receipts 6a 00
- 6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625) 6b 00
- 7a Food, drugs, and medical appliances receipts 7a 00
- 7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01) 7b 00

Sales at prior rates

- 8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.) 8a 00
- 8b Tax on receipts at other rates 8b 00

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b

9 1613 00

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

10 Discount — Line 9 x 1.75 percent (.0175)

10 28 00

If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.

11 Net tax due on receipts — Line 9 - Line 10

11 1585 00

Turn the page to continue.

ST-1-T front (N-8/03)

ST-1-T TeleFile Payment (N-8/03)

This form is for September
This form is due October 20, 2011

IBT no.: 0973-2764

Write the amount you are paying.

\$ 1585.00

Write your check and send your payment to

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

MOON-GLO INC
3124 PERRYVILLE RD
DANVILLE IL 61834-5848

Step 5: Tax on Purchases

Column A
(Complete before you call)

Column B
(Amounts from TeleFile system)

12a General merchandise purchases 12a _____ | 00
 12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)
 13a Food, drugs, and medical appliances purchases 13a _____ | 00
 13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)
 14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile.) 14a _____
 14b Tax on general merchandise purchases
 15 Tax due on purchases — Line 12b + Line 13b

12b _____ | 00
 13b _____ | 00
 14b _____
 15 _____ | 00

Step 6: Net Tax Due

16 Tax due from receipts and purchases — Line 11 + Line 15
 17 Prepaid sales tax (Line 17 is not accepted by TeleFile.) 17 _____
 18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.) 18 _____
 19 Prior overpayment 19 _____
 20 Total prepayments
 21 Net tax due

16 1585 00
 20 _____
 21 _____

Step 7: Payment Due

22 Excess tax collected (Line 22 is not accepted by TeleFile.) 22 _____
 23 Total tax due 23 _____
 24 Credit memorandum (Line 24 is not accepted by TeleFile.) 24 _____
 25 Payment due — Line 16 - Line 19

23 _____
 25 1585 00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

1. Confirmation number: _____
2. Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g., 01/01/04).

If you are **not** a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

1. Amount paid: \$ _____ | 00
2. Debit date: ____/____/____
3. Confirmation number: _____

Paper check option

1. Amount paid: \$ 1585.00
2. Check number: _____

This form is authorized by the Illinois Retailers' Occupation and Related Tax Act. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center, IL 492-4363

Illinois Sales and Use Tax TeleFile Worksheet

IBT no. 0973-2764

This form is for August, 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780.
- 2 Enter your IBT no. when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A 2835.00
 Note: Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

1 Total receipts (include tax) 1 26639.00
 2 Deductions — include tax collected (Use the worksheet in the instructions) 2 1626.00
 3 Taxable receipts 25013.00

Step 3: Tax on Receipts

Sales from locations within Illinois

4a General merchandise receipts 4a 25013.00
 4b Tax on general merchandise — Line 4a x your tax rate of .0650 1626.00
 5a Food, drugs, and medical appliances receipts 5a 00
 5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100 00

Sales from locations outside Illinois

6a General merchandise receipts 6a 00
 6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625) 00
 7a Food, drugs, and medical appliances receipts 7a 00
 7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01) 00

Sales at prior rates

8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.) 8a 00
 8b Tax on receipts at other rates 00

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b 1626.00

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

10 Discount — Line 9 x 1.75 percent (.0175) 28.00
 If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.

11 Net tax due on receipts — Line 9 - Line 10 1598.00

Column B
(Amounts from TeleFile system)

3 25013.00

4b 1626.00

5b 00

6b 00

7b 00

8b 00

9 1626.00

10 28.00

11 1598.00

Turn the page to continue.

E-1-T front (N-8/03)

ST-1-T TeleFile Payment (N-8/03)

This form is for

This form is due

IBT no. 0973-2764

Write the amount you are paying

\$ 1598.00

Write your check and send your payment to

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

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE IL 61834-5848

Step 5: Tax on Purchases

	Column A (Complete before you call)	Column B (Amounts from TeleFile system)
12a General merchandise purchases	12a _____ 00	12b _____ 00
12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____ 00	13b _____ 00
13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile.)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases — Line 12b + Line 13b.		15 _____ 00
Step 6: Net Tax Due		
16 Tax due from receipts and purchases — Line 11 + Line 15		16 1598 00
17 Prepaid sales tax (Line 17 is not accepted by TeleFile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.)	18 _____	
19 Prior overpayment	19 _____	
20 Total prepayments		20 _____
21 Net tax due		21 _____
Step 7: Payment Due		
22 Excess tax collected (Line 22 is not accepted by TeleFile.)	22 _____	
23 Total tax due		23 _____
24 Credit memorandum (Line 24 is not accepted by TeleFile.)	24 _____	
25 Payment due — Line 16 - Line 19		25 1598 00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

- 1 Confirmation number: _____
- 2 Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g., 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

- EFT debit option**
- 1 Amount paid: \$ _____ | 00
 - 2 Debit date: ____/____/____
 - 3 Confirmation number: _____

- Paper check option**
- 1 Amount paid: \$ 1598 - 00
 - 2 Check number: _____

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center. IL 492-4363

Illinois Sales and Use Tax TeleFile Worksheet

IBT no 0973-2764

This form is for July 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records

First - Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780
- 2 Enter your IBT no. when prompted by the TeleFile system
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second - Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A
 Note: Distributors will also report your total liquor purchases to us

Column A
 (Complete before you call)
2250 00

Column B
 (Amounts from TeleFile system)

Step 2: Taxable Receipts

- 1 Total receipts (include tax) 1 30025 00
- 2 Deductions — include tax collected (Use the worksheet in the instructions) 2 1832 00
- 3 Taxable receipts

3 28193 00

Step 3: Tax on Receipts

Sales from locations within Illinois

- 4a General merchandise receipts 4a 28193 00
- 4b Tax on general merchandise — Line 4a x your tax rate of .0650
- 5a Food, drugs, and medical appliances receipts 5a 00
- 5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100

4b 1832 00

5b 00

Sales from locations outside Illinois

- 6a General merchandise receipts 6a 00
- 6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625)
- 7a Food, drugs, and medical appliances receipts 7a 00
- 7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01)

6b 00

7b 00

Sales at prior rates

- 8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.) 8a 00
- 8b Tax on receipts at other rates

8b 00

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b

9 1832 00

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

10 Discount — Line 9 x 1.75 percent (.0175)
 If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.

10 32 00

11 Net tax due on receipts — Line 9 - Line 10

11 1800 00

Turn the page to continue.

ST-1-T form (N-8/03)

ST-1-T TeleFile Payment (N-8/03)

This form is for July 2011
 This form is due Aug. 22 2011
 IBT no: 0973-2764

Write the amount you are paying

\$ 1800 00

Write your check and send your payment to

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

MOON-GLO INC
 3124 PERRYSVILLE RD
 DANVILLE IL 61834-5848

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>1,518.00</u>
2	Taxes collected on food, drugs, and medical appliances sales and service	2	<u>0.00</u>
3	E911 surcharge collected	3	<u>0.00</u>
4	Resale	4	<u>0.00</u>
5	Interstate commerce	5	<u>0.00</u>
6	Manufacturing machinery and equipment (including photoprocessing)	6	<u>0.00</u>
7	Farm machinery and equipment	7	<u>0.00</u>
8	Graphic arts machinery and equipment	8	<u>0.00</u>
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	<u>0.00</u>
10	Enterprise zone		
	a Sales of building materials	10a	<u>0.00</u>
	b Sales of items other than building materials	10b	<u>0.00</u>
11	High impact business		
	a Sales of building materials	11a	<u>0.00</u>
	b Sales of items other than building materials	11b	<u>0.00</u>
12	River edge redevelopment zone building materials	12	<u>0.00</u>
13	Exempt organizations	13	<u>0.00</u>
14	Sales of service - identify here _____	14	<u>0.00</u>
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	<u>0.00</u>
16	Total Section 1 deductions. Add Lines 1 through 15.	16	<u>1,518.00</u>

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a <u>0.000</u>	x .1900 =	17b	<u>0.00</u>
18	Gasohol and majority blended ethanol	18a <u>0.000</u>	x .1900 =	18b	<u>0.00</u>
19	Diesel (including biodiesel and biodiesel blends)	19a <u>0.000</u>	x .2150 =	19b	<u>0.00</u>
20	Dieselhol	20a <u>0.000</u>	x .2150 =	20b	<u>0.00</u>
21	Other special fuels	21a <u>0.000</u>	x .1900 =	21b	<u>0.00</u>
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a <u>0.00</u>	x .2000 =	22b	<u>0.00</u>
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a <u>0.00</u>	x .2000 =	23b	<u>0.00</u>
24	Biodiesel blend (1- 89 percent petroleum-based product)	24a <u>0.00</u>	x 1.0000 =	24b	<u>0.00</u>
25	100 percent biodiesel	25a <u>0.00</u>	x 1.0000 =	25b	<u>0.00</u>
26	Majority blended ethanol fuel	26a <u>0.00</u>	x 1.0000 =	26b	<u>0.00</u>
27	Other motor fuel deductions _____	27		27	<u>0.00</u>
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.	28		28	<u>0.00</u>

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	<u>1,518.00</u>
----	--------------------------------------------------------------------------------------------	----	-----------------

Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1	<u>0.00</u>
Figure your breakdown of retail transactions for Chicago locations			
2	For Chicago locations	2a <u>0.00</u> x .0700 =	2b <u>0.00</u>
3	For Chicago locations at prior rates	3a <u>0.00</u>	3b <u>0.00</u>
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4	<u>0.00</u>
Figure your breakdown of retail transactions for non-Chicago locations			
5	For non-Chicago locations	5a <u>0.00</u> x .0150 =	5b <u>0.00</u>
6	For non-Chicago locations at prior rates	6a <u>0.00</u>	6b <u>0.00</u>
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7	<u>0.00</u>
Figure your net E911 Surcharge			
8	Total E911 Surcharge. Add Lines 4 and 7.	8	<u>0.00</u>
9	If you filed and paid by the due date, multiply Line 8 by .0500	9	<u>0.00</u>
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.	10	<u>0.00</u>

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Illinois Department of Revenue
ST-1 Sales and Use Tax and E911 Surcharge Return (R-9/11)

DO NOT MAIL
INTERNET FILED RETURN

Account ID 0973-2764 This form is for: July 2012

This form is due: 08/20/2012

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) 2,764.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) **1** 28,508.00
2 Deductions - include tax collected
 (From Schedule A, Line 29.) **2** 1,740.00
3 Taxable receipts
 (Subtract Line 2 from Line 1.) **3** 26,768.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a 26,768.00 x .0650 = **4b** 1,740.00

Food, drugs, and medical appliances

5a 0.00 x .0100 = **5b** 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = **6b** 0.00

Food, drugs, and medical appliances

7a 0.00 x .0100 = **7b** 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 **8b** 0.00

9 Tax due on receipts
 (Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** 1,740.00

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

10 If you filed and paid by the due date,
 multiply Line 9 by .0175 **10** 30.00

11 Net tax due on receipts
 (Subtract Line 10 from Line 9.) **11** 1,710.00

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = **12b** 0.00

Food, drugs, and medical appliances

13a 0.00 x .0100 = **13b** 0.00

Purchases at other rates

14a 0.00 **14b** 0.00

15 Tax due on purchases
 (Add Lines 12b, 13b, and 14b.) **15** 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases
 (Add Lines 11 and 15.) **16** 1,710.00

16a Manufacturer's Purchase Credit
 (See instructions.) **16a** 0.00

17 Prepaid sales tax
 (Attach PST-2 copy A.) **17** 0.00

18 Quarter-monthly payments
 (Paid on Form RR-3 or by EFT) **18** 0.00

19 Total prepayments
 (Add Lines 16a, 17, and 18.) **19** 0.00

20 Net tax due
 (Subtract Line 19 from Line 16.) **20** 1,710.00

Step 7: Payment Due

21 E911 Surcharge
 (From Schedule B, Line 10.) **21** 0.00

22 Excess tax and excess surcharge collected
 (See instructions.) **22** 0.00

23 Total tax and surcharge due
 (Add Lines 20, 21 and 22.) **23** 1,710.00

24 Credit amount
 (See instructions.) **24** 0.00

25 Payment due
 (Subtract Line 24 from Line 23.) **25** 1,710.00

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.

PHILIP C ADAMS 217-442-9519 08/16/2012
 Taxpayer Phone Date
 PAT OWENS 217-442-1643 08/16/2012
 Preparer Phone Date

CONFIRMATION NUMBER: 12SWF000483846

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE, IL 61834-5848

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>1,740.00</u>
2	Taxes collected on food, drugs, and medical appliances sales and service	2	<u>0.00</u>
3	E911 surcharge collected	3	<u>0.00</u>
4	Resale	4	<u>0.00</u>
5	Interstate commerce	5	<u>0.00</u>
6	Manufacturing machinery and equipment (including photoprocessing)	6	<u>0.00</u>
7	Farm machinery and equipment	7	<u>0.00</u>
8	Graphic arts machinery and equipment	8	<u>0.00</u>
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	<u>0.00</u>
10	Enterprise zone		
	a Sales of building materials	10a	<u>0.00</u>
	b Sales of items other than building materials	10b	<u>0.00</u>
11	High impact business		
	a Sales of building materials	11a	<u>0.00</u>
	b Sales of items other than building materials	11b	<u>0.00</u>
12	River edge redevelopment zone building materials	12	<u>0.00</u>
13	Exempt organizations	13	<u>0.00</u>
14	Sales of service - identify here _____	14	<u>0.00</u>
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	<u>0.00</u>
16	Total Section 1 deductions. Add Lines 1 through 15.	16	<u>1,740.00</u>

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a <u>0.000</u>	x .1900 =	17b	<u>0.00</u>
18	Gasohol and majority blended ethanol	18a <u>0.000</u>	x .1900 =	18b	<u>0.00</u>
19	Diesel (including biodiesel and biodiesel blends)	19a <u>0.000</u>	x .2150 =	19b	<u>0.00</u>
20	Dieselhol	20a <u>0.000</u>	x .2150 =	20b	<u>0.00</u>
21	Other special fuels	21a <u>0.000</u>	x .1900 =	21b	<u>0.00</u>
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a <u>0.00</u>	x .2000 =	22b	<u>0.00</u>
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a <u>0.00</u>	x .2000 =	23b	<u>0.00</u>
24	Biodiesel blend (1- 89 percent petroleum-based product)	24a <u>0.00</u>	x 1.0000 =	24b	<u>0.00</u>
25	100 percent biodiesel	25a <u>0.00</u>	x 1.0000 =	25b	<u>0.00</u>
26	Majority blended ethanol fuel	26a <u>0.00</u>	x 1.0000 =	26b	<u>0.00</u>
27	Other motor fuel deductions _____	27		27	<u>0.00</u>
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.	28		28	<u>0.00</u>

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	<u>1,740.00</u>
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Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1	<u>0.00</u>
Figure your breakdown of retail transactions for Chicago locations			
2	For Chicago locations	2a <u>0.00</u> x .0700 =	2b <u>0.00</u>
3	For Chicago locations at prior rates	3a <u>0.00</u>	3b <u>0.00</u>
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4	<u>0.00</u>
Figure your breakdown of retail transactions for non-Chicago locations			
5	For non-Chicago locations	5a <u>0.00</u> x .0150 =	5b <u>0.00</u>
6	For non-Chicago locations at prior rates	6a <u>0.00</u>	6b <u>0.00</u>
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7	<u>0.00</u>
8	Total E911 Surcharge. Add Lines 4 and 7.	8	<u>0.00</u>
9	If you filed and paid by the due date, multiply Line 8 by .0500	9	<u>0.00</u>
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.	10	<u>0.00</u>

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

ST-1 Sales and Use Tax and E911 Surcharge Return (R-9/11)

Account ID 0973-2764 This form is for: June 2012

This form is due: 07/20/2012

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) 3,308.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) 1 26,278.00
 2 Deductions - **Include tax collected**
 (From Schedule A, Line 29.) 2 1,604.00
 3 Taxable receipts
 (Subtract Line 2 from Line 1.) 3 24,674.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a 24,674.00 x .0650 = 4b 1,604.00

Food, drugs, and medical appliances

5a 0.00 x .0100 = 5b 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = 6b 0.00

Food, drugs, and medical appliances

7a 0.00 x .0100 = 7b 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 8b 0.00

9 Tax due on receipts
(Add Lines 4b, 5b, 6b, 7b, and 8b.) 9 1,604.00

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

10 If you filed and paid by the due date,
multiply Line 9 by .0175 10 28.00

11 Net tax due on receipts
(Subtract Line 10 from Line 9.) 11 1,576.00

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = 12b 0.00

Food, drugs, and medical appliances

13a 0.00 x .0100 = 13b 0.00

Purchases at other rates

14a 0.00 14b 0.00

15 Tax due on purchases
(Add Lines 12b, 13b, and 14b.) 15 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases
(Add Lines 11 and 15.) 16 1,576.00

16a Manufacturer's Purchase Credit
(See instructions.) 16a 0.00

17 Prepaid sales tax
(Attach PST-2 copy A.) 17 0.00

18 Quarter-monthly payments
(Paid on Form RR-3 or by EFT) 18 0.00

19 Total prepayments
(Add Lines 16a, 17, and 18.) 19 0.00

20 Net tax due
(Subtract Line 19 from Line 16.) 20 1,576.00

Step 7: Payment Due

21 E911 Surcharge
(From Schedule B, Line 10.) 21 0.00

22 Excess tax and excess surcharge collected
(See instructions.) 22 0.00

23 Total tax and surcharge due
(Add Lines 20, 21 and 22.) 23 1,576.00

24 Credit amount
(See instructions.) 24 0.00

25 Payment due
(Subtract Line 24 from Line 23.) 25 1,576.00

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.

PHILIP C ADAMS 217-442-9519 07/18/2012
Taxpayer Phone Date

PAT OWENS 217-442-1643 07/18/2012
Preparer Phone Date

CONFIRMATION NUMBER: 12SWF000413921

MOON-GLO INC
3124 PERRYVILLE RD
DANVILLE, IL 61834-5848

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	1,604.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	4	0.00
5	Interstate commerce	5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	6	0.00
7	Farm machinery and equipment	7	0.00
8	Graphic arts machinery and equipment	8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	0.00
10	Enterprise zone		
	a Sales of building materials	10a	0.00
	b Sales of items other than building materials	10b	0.00
11	High impact business		
	a Sales of building materials	11a	0.00
	b Sales of items other than building materials	11b	0.00
12	River edge redevelopment zone building materials	12	0.00
13	Exempt organizations	13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15.	16	1,604.00

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>		<u>Rate</u>		
17	Gasoline	17a	0.000	x .1900 =	17b	0.00
18	Gasohol and majority blended ethanol	18a	0.000	x .1900 =	18b	0.00
19	Diesel (including biodiesel and biodiesel blends)	19a	0.000	x .2150 =	19b	0.00
20	Dieselhol	20a	0.000	x .2150 =	20b	0.00
21	Other special fuels	21a	0.000	x .1900 =	21b	0.00
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>		<u>Percentage</u>		
22	Gasohol	22a	0.00	x .2000 =	22b	0.00
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a	0.00	x .2000 =	23b	0.00
24	Biodiesel blend (1- 89 percent petroleum-based product)	24a	0.00	x 1.0000 =	24b	0.00
25	100 percent biodiesel	25a	0.00	x 1.0000 =	25b	0.00
26	Majority blended ethanol fuel	26a	0.00	x 1.0000 =	26b	0.00
27	Other motor fuel deductions _____				27	0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.				28	0.00

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	1,604.00
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Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service					
	Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1			0.00	
Figure your breakdown of retail transactions for Chicago locations						
2	For Chicago locations	2a	0.00	x .0700 =	2b	0.00
3	For Chicago locations at prior rates	3a	0.00		3b	0.00
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.				4	0.00
Figure your breakdown of retail transactions for non-Chicago locations						
5	For non-Chicago locations	5a	0.00	x .0150 =	5b	0.00
6	For non-Chicago locations at prior rates	6a	0.00		6b	0.00
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.				7	0.00
Figure your net E911 Surcharge						
8	Total E911 Surcharge. Add Lines 4 and 7.				8	0.00
9	If you filed and paid by the due date, multiply Line 8 by .0500				9	0.00
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.				10	0.00

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

9. Respondent ignored Petitioner's federal tax returns Form 1120-S for 2009 and 2010, which showed cost of sales from 53-56%.

10. Petitioner's cost of sales for 2011 and 2012 approximated 56-64%. Petitioner's 2013 income tax return is not yet completed.

11. Petitioner's business is located in a remote area outside the City of Danville in a low traffic area which causes Petitioner's volume to be lower than other similar restaurant/bar operations which in turn causes Petitioner's cost of goods sold to be higher than 40%.

12. Petitioner did not have unreported sales in excess of \$300,000 for the subject periods and Petitioner did not spend or deposit such substantial sums as they did not exist. Further, Petitioner does not have funds available to pay the amount claimed to be due by the Illinois Department of Revenue.

WHEREFORE, Petitioner prays that this Honorable Tax Tribunal find Respondent's audit to be erroneous and confirm Petitioner's sales as reported on its sales tax returns and any other relief that this Tax Tribunal deems equitable and just.

MOON GLO, INC., Petitioner

By *Gilbert Saibley*
Its *attorney*

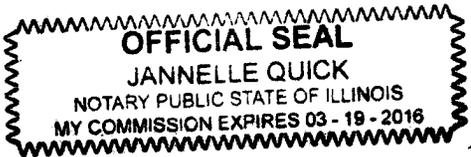
STATE OF ILLINOIS)
) ss.
COUNTY OF VERMILION)

I, Phillip Adams, being first duly sworn upon oath, deposes and says that he has read the above and foregoing Petition and states that the matters therein contained are true, according to the best of his knowledge, information and belief.

Phillip Adams

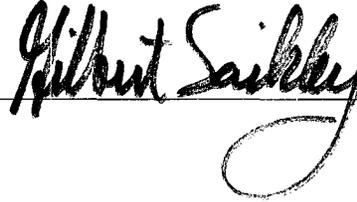
Subscribed and sworn to before me this 16th day of May, 2014.

Janelle Quick
Notary Public



CERTIFICATE OF SERVICE

The undersigned certifies that on May 16, 2014, he served upon the Illinois Independent Tax Tribunal, 160 N. LaSalle Street, Room N506, Chicago, IL 60601 and Illinois Department of Revenue, Bureau of Audits, Technical Review Section, P. O. Box 19012, Springfield, IL 62794-9012, a copy of the foregoing Petition, by depositing a true copy of same in a United States Post Office Box, enclosed in an envelope, addressed to the above-named entities at the above addresses with postage fully prepaid.

A handwritten signature in black ink, reading "Gilbert Saikley", is written over a horizontal line. The signature is cursive and includes a large, decorative flourish at the end.

Gilbert Saikley
Saikley, Garrison, Colombo & Barney, LLC
Attorney for Petitioner
208 W. North St., P. O. Box 6
Danville, IL 61834-0006
Phone: 217/442-0244
Fax: 217/442-0582

Notice of Tax Liability
for Form EDA-105-R, ROT Audit Report



#BWNKMGV
#CNXX X191 3195 36X6#
MOON-GLO INC

ATTN: CLIFTON LARSON ALLEN LLP

2 E MAIN ST STE 120

DANVILLE IL 61832-5844

March 21, 2014



Letter ID: CNXXX191319536X6

Account ID: 0973-2764

We have audited your account for the reporting periods January 01, 2011, through January 31, 2013. As a result we have assessed the amounts shown below.

	<u>Liability</u>	<u>Payments/Credit</u>	<u>Unpaid Balance</u>
Tax	19,329.00	0.00	19,329.00
Late Payment Penalty Increase	3,866.00	0.00	3,866.00
Late Filing Penalty Increase	163.00	0.00	163.00
Interest	722.24	0.00	722.24
Assessment Total	\$24,080.24	\$0.00	\$24,080.24

If you agree, pay the assessment total as soon as possible to minimize additional penalty and interest. Mail a copy of this notice and your payment with the voucher on the enclosed Taxpayer Statement. By including a copy of this notice, your payment will be properly applied to the audit liability.

If you do not agree, you may contest this notice by following the instructions listed below.

- If the amount of this tax liability, exclusive of penalty and interest, is more than \$15,000, or if no tax liability is assessed but the total penalties and interest is more than \$15,000, file a petition with the Illinois Independent Tax Tribunal within 60 days of this notice. Your petition must be in accordance with the rules of practice and procedure provided by the Tribunal (35 ILCS 1010/1-1, *et seq.*).
- In all other cases that do not fall within the jurisdiction of the Illinois Independent Tax Tribunal, file a protest with us, the Illinois Department of Revenue, and request an administrative hearing within 60 days of the date of this notice, which is May 20, 2014. Submit your protest on Form AH-4, Protest and Request for Administrative Hearing with the Illinois Department of Revenue (available on our website at tax.illinois.gov). Mail form AH-4 along with a copy of this notice to the address on the form. If you do not file a protest within the time allowed, you will waive your right to a hearing, and this liability will become final. An administrative hearing is a formal legal proceeding conducted pursuant to the rules adopted by the Department and is presided over by an administrative law judge. A protest of this notice does not preserve your rights under any other notice.
- Instead of filing a petition with the Illinois Independent Tax Tribunal or a protest with us, the Illinois Department of Revenue, you may instead, under Sections 2a and 2a.1 of the State Officers and Employees Money Disposition Act (30 ILCS 230/2a; 230/2a.1), pay the total liability under protest using Form RR-374, Notice of Payment Under Protest (available on our website at tax.illinois.gov), and file a complaint with the circuit court for a review of our determination.

If you do not protest this notice or pay the assessment total in full, we may take collection action against you for the balance due, which may include levy of your wages and bank accounts, filing of a tax lien, or other action to satisfy your liability.

If you have questions, write or call us weekdays between 8:00 a.m. and 4:00 p.m. Our contact information is listed below.

BUREAU OF AUDITS
TECHNICAL REVIEW SECTION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19012
SPRINGFIELD IL 62794-9012

217 785-6579

Notice of Tax Liability
for Form EDA-105-R, ROT Audit Report



#BWNKMGV
#CNXX XX51 8613 7285#
MOON-GLO INC
ATTN: CLIFTON LARSON ALLEN LLP
2 E MAIN ST STE 120
DANVILLE IL 61832-5844

March 21, 2014



Letter ID: CNXXX5186137285

Account ID: 0973-2764

We have audited your account for the reporting periods February 01, 2013, through February 28, 2013. As a result we have assessed the amounts shown below.

	<u>Liability</u>	<u>Payments/Credit</u>	<u>Unpaid Balance</u>
Tax	376.00	0.00	376.00
Late Payment Penalty Increase	75.00	0.00	75.00
Interest	2.43	0.00	2.43
Assessment Total	\$453.43	\$0.00	\$453.43

If you agree, pay the assessment total as soon as possible to minimize additional penalty and interest. Mail a copy of this notice and your payment with the voucher on the enclosed Taxpayer Statement. By including a copy of this notice, your payment will be properly applied to the audit liability.

If you do not agree, you may contest this notice by following the instructions listed below.

- If the amount of this tax liability, exclusive of penalty and interest, is more than \$15,000, or if no tax liability is assessed but the total penalties and interest is more than \$15,000, file a petition with the Illinois Independent Tax Tribunal within 60 days of this notice. Your petition must be in accordance with the rules of practice and procedure provided by the Tribunal (35 ILCS 1010/1-1, et seq.).
- In all other cases that do not fall within the jurisdiction of the Illinois Independent Tax Tribunal, file a protest with us, the Illinois Department of Revenue, and request an administrative hearing within 60 days of the date of this notice, which is May 20, 2014. Submit your protest on Form AH-4, Protest and Request for Administrative Hearing with the Illinois Department of Revenue (available on our website at tax.illinois.gov). Mail form AH-4 along with a copy of this notice to the address on the form. If you do not file a protest within the time allowed, you will waive your right to a hearing, and this liability will become final. An administrative hearing is a formal legal proceeding conducted pursuant to the rules adopted by the Department and is presided over by an administrative law judge. A protest of this notice does not preserve your rights under any other notice.
- Instead of filing a petition with the Illinois Independent Tax Tribunal or a protest with us, the Illinois Department of Revenue, you may instead, under Sections 2a and 2a.1 of the State Officers and Employees Money Disposition Act (30 ILCS 230/2a, 230/2a.1), pay the total liability under protest using Form RR-374, Notice of Payment Under Protest (available on our website at tax.illinois.gov), and file a complaint with the circuit court for a review of our determination.

If you do not protest this notice or pay the assessment total in full, we may take collection action against you for the balance due, which may include levy of your wages and bank accounts, filing of a tax lien, or other action to satisfy your liability.

If you have questions, write or call us weekdays between 8:00 a.m. and 4:00 p.m. Our contact information is listed below.

BUREAU OF AUDITS
TECHNICAL REVIEW SECTION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19012
SPRINGFIELD IL 62794-9012

217 785-8579

Notice of Tax Liability

for Form EDA-105-R, ROT Audit Report



#BVNKMVG
#CNXX X159 2355 5523#
MOON-GLO INC
ATTN: CLIFTON LARSON ALLEN LLP
2 E MAIN ST STE 120
DANVILLE IL 61832-5844

March 21, 2014



Letter ID: CNXXX1592355523

Account ID: 0973-2764

We have audited your account for the reporting periods March 01, 2013, through March 31, 2013. As a result we have assessed the amounts shown below.

	<u>Liability</u>	<u>Payments/Credit</u>	<u>Unpaid Balance</u>
Tax	376.00	0.00	376.00
Late Payment Penalty Increase	75.00	0.00	75.00
Interest	2.43	0.00	2.43
Assessment Total	\$453.43	\$0.00	\$453.43

If you agree, pay the assessment total as soon as possible to minimize additional penalty and interest. Mail a copy of this notice and your payment with the voucher on the enclosed Taxpayer Statement. By including a copy of this notice, your payment will be properly applied to the audit liability.

If you do not agree, you may contest this notice by following the instructions listed below.

- If the amount of this tax liability, exclusive of penalty and interest, is more than \$15,000, or if no tax liability is assessed but the total penalties and interest is more than \$15,000, file a petition with the Illinois Independent Tax Tribunal within 60 days of this notice. Your petition must be in accordance with the rules of practice and procedure provided by the Tribunal (35 ILCS 1010/1-1, *et seq.*).
- In all other cases that do not fall within the jurisdiction of the Illinois Independent Tax Tribunal, file a protest with us, the Illinois Department of Revenue, and request an administrative hearing within 60 days of the date of this notice, which is May 20, 2014. Submit your protest on Form AH-4, Protest and Request for Administrative Hearing with the Illinois Department of Revenue (available on our website at tax.illinois.gov). Mail form AH-4 along with a copy of this notice to the address on the form. If you do not file a protest within the time allowed, you will waive your right to a hearing, and this liability will become final. An administrative hearing is a formal legal proceeding conducted pursuant to the rules adopted by the Department and is presided over by an administrative law judge. A protest of this notice does not preserve your rights under any other notice.
- Instead of filing a petition with the Illinois Independent Tax Tribunal or a protest with us, the Illinois Department of Revenue, you may instead, under Sections 2a and 2a.1 of the State Officers and Employees Money Disposition Act (30 ILCS 230/2a, 230/2a.1), pay the total liability under protest using Form RR-374, Notice of Payment Under Protest (available on our website at tax.illinois.gov), and file a complaint with the circuit court for a review of our determination.

If you do not protest this notice or pay the assessment total in full, we may take collection action against you for the balance due, which may include levy of your wages and bank accounts, filing of a tax lien, or other action to satisfy your liability.

If you have questions, write or call us weekdays between 8:00 a.m. and 4:00 p.m. Our contact information is listed below.

BUREAU OF AUDITS
TECHNICAL REVIEW SECTION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19012
SPRINGFIELD IL 62794-9012

217 786-6579

Notice of Tax Liability
for Form EDA-105-R, ROT Audit Report



#BWNKMGV
#CNXX XX29 8883 8X89#
MOON-GLO INC
ATTN: CLIFTON LARSON ALLEN LLP
2 E MAIN ST STE 120
DANVILLE IL 61832-5844

March 21, 2014



Letter ID: CNXXX2988838X89

Account ID: 0973-2764

We have audited your account for the reporting periods April 01, 2013, through April 30, 2013. As a result we have assessed the amounts shown below.

	<u>Liability</u>	<u>Payments/Credit</u>	<u>Unpaid Balance</u>
Tax	376.00	0.00	376.00
Late Payment Penalty Increase	75.00	0.00	75.00
Interest	2.43	0.00	2.43
Assessment Total	\$453.43	\$0.00	\$453.43

If you agree, pay the assessment total as soon as possible to minimize additional penalty and interest. Mail a copy of this notice and your payment with the voucher on the enclosed Taxpayer Statement. By including a copy of this notice, your payment will be properly applied to the audit liability.

If you do not agree, you may contest this notice by following the instructions listed below.

- If the amount of this tax liability, exclusive of penalty and interest, is more than \$15,000, or if no tax liability is assessed but the total penalties and interest is more than \$16,000, file a petition with the Illinois Independent Tax Tribunal within 60 days of this notice. Your petition must be in accordance with the rules of practice and procedure provided by the Tribunal (35 ILCS 1010/1-1, et seq.).
- In all other cases that do not fall within the jurisdiction of the Illinois Independent Tax Tribunal, file a protest with us, the Illinois Department of Revenue, and request an administrative hearing within 60 days of the date of this notice, which is May 20, 2014. Submit your protest on Form AH-4, Protest and Request for Administrative Hearing with the Illinois Department of Revenue (available on our website at tax.illinois.gov). Mail form AH-4 along with a copy of this notice to the address on the form. If you do not file a protest within the time allowed, you will waive your right to a hearing, and this liability will become final. An administrative hearing is a formal legal proceeding conducted pursuant to the rules adopted by the Department and is presided over by an administrative law judge. A protest of this notice does not preserve your rights under any other notice.
- Instead of filing a petition with the Illinois Independent Tax Tribunal or a protest with us, the Illinois Department of Revenue, you may instead, under Sections 2a and 2a.1 of the State Officers and Employees Money Disposition Act (30 ILCS 230/2a, 230/2a.1), pay the total liability under protest using Form RR-374, Notice of Payment Under Protest (available on our website at tax.illinois.gov), and file a complaint with the circuit court for a review of our determination.

If you do not protest this notice or pay the assessment total in full, we may take collection action against you for the balance due, which may include levy of your wages and bank accounts, filing of a tax lien, or other action to satisfy your liability.

If you have questions, write or call us weekdays between 8:00 a.m. and 4:00 p.m. Our contact information is listed below.

BUREAU OF AUDITS
TECHNICAL REVIEW SECTION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19012
SPRINGFIELD IL 62794-9012

217 785-6579

Notice of Tax Liability
for Form EDA-106-R, ROT Audit Report



#BWNKMGV
#CNXX X124 21X6 72X6#
MOON-GLO INC
ATTN: CLIFTON LARSON ALLEN LLP
2 E MAIN ST STE 120
DANVILLE IL 61832-5844

March 21, 2014



Letter ID: CNXXX12421X672X6

Account ID: 0973-2764

We have audited your account for the reporting periods May 01, 2013, through May 31, 2013. As a result we have assessed the amounts shown below.

	<u>Liability</u>	<u>Payments/Credit</u>	<u>Unpaid Balance</u>
Tax	376.00	0.00	376.00
Late Payment Penalty Increase	75.00	0.00	75.00
Interest	2.43	0.00	2.43
Assessment Total	\$453.43	\$0.00	\$453.43

If you agree, pay the assessment total as soon as possible to minimize additional penalty and interest. Mail a copy of this notice and your payment with the voucher on the enclosed Taxpayer Statement. By including a copy of this notice, your payment will be properly applied to the audit liability.

If you do not agree, you may contest this notice by following the instructions listed below.

- If the amount of this tax liability, exclusive of penalty and interest, is more than \$15,000, or if no tax liability is assessed but the total penalties and interest is more than \$15,000, file a petition with the Illinois Independent Tax Tribunal within 60 days of this notice. Your petition must be in accordance with the rules of practice and procedure provided by the Tribunal (35 ILCS 1010/1-1, *et seq.*).
- In all other cases that do not fall within the jurisdiction of the Illinois Independent Tax Tribunal, file a protest with us, the Illinois Department of Revenue, and request an administrative hearing within 60 days of the date of this notice, which is May 20, 2014. Submit your protest on Form AH-4, Protest and Request for Administrative Hearing with the Illinois Department of Revenue (available on our website at tax.illinois.gov). Mail form AH-4 along with a copy of this notice to the address on the form. If you do not file a protest within the time allowed, you will waive your right to a hearing, and this liability will become final. An administrative hearing is a formal legal proceeding conducted pursuant to the rules adopted by the Department and is presided over by an administrative law judge. A protest of this notice does not preserve your rights under any other notice.
- Instead of filing a petition with the Illinois Independent Tax Tribunal or a protest with us, the Illinois Department of Revenue, you may instead, under Sections 2a and 2a.1 of the State Officers and Employees Money Disposition Act (30 ILCS 230/2a, 230/2a.1), pay the total liability under protest using Form RR-374, Notice of Payment Under Protest (available on our website at tax.illinois.gov), and file a complaint with the circuit court for a review of our determination.

If you do not protest this notice or pay the assessment total in full, we may take collection action against you for the balance due, which may include levy of your wages and bank accounts, filing of a tax lien, or other action to satisfy your liability.

If you have questions, write or call us weekdays between 8:00 a.m. and 4:00 p.m. Our contact information is listed below.

BUREAU OF AUDITS
TECHNICAL REVIEW SECTION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 18012
SPRINGFIELD IL 62794-8012

217 785-6579

Notice of Tax Liability
for Form EDA-105-R, ROT Audit Report



#BWNKMGV
#CNXX XX83 5754 72X2#
MOON-GLO INC
ATTN: CLIFTON LARSON ALLEN LLP
2 E MAIN ST STE 120
DANVILLE IL 61832-5844

March 21, 2014



Letter ID: CNXXX83575472X2

Account ID: 0973-2764

We have audited your account for the reporting periods June 01, 2013, through June 30, 2013. As a result we have assessed the amounts shown below.

	<u>Liability</u>	<u>Payments/Credit</u>	<u>Unpaid Balance</u>
Tax	375.00	0.00	375.00
Late Payment Penalty Increase	75.00	0.00	75.00
Interest	2.43	0.00	2.43
Assessment Total	\$452.43	\$0.00	\$452.43

If you agree, pay the assessment total as soon as possible to minimize additional penalty and interest. Mail a copy of this notice and your payment with the voucher on the enclosed Taxpayer Statement. By including a copy of this notice, your payment will be properly applied to the audit liability.

If you do not agree, you may contest this notice by following the instructions listed below.

- If the amount of this tax liability, exclusive of penalty and interest, is more than \$15,000, or if no tax liability is assessed but the total penalties and interest is more than \$15,000, file a petition with the Illinois Independent Tax Tribunal within 60 days of this notice. Your petition must be in accordance with the rules of practice and procedure provided by the Tribunal (35 ILCS 1010/1-1, *et seq.*).
- In all other cases that do not fall within the jurisdiction of the Illinois Independent Tax Tribunal, file a protest with us, the Illinois Department of Revenue, and request an administrative hearing within 60 days of the date of this notice, which is May 20, 2014. Submit your protest on Form AH-4, Protest and Request for Administrative Hearing with the Illinois Department of Revenue (available on our website at tax.illinois.gov). Mail form AH-4 along with a copy of this notice to the address on the form. If you do not file a protest within the time allowed, you will waive your right to a hearing, and this liability will become final. An administrative hearing is a formal legal proceeding conducted pursuant to the rules adopted by the Department and is presided over by an administrative law judge. A protest of this notice does not preserve your rights under any other notice.
- Instead of filing a petition with the Illinois Independent Tax Tribunal or a protest with us, the Illinois Department of Revenue, you may instead, under Sections 2a and 2a.1 of the State Officers and Employees Money Disposition Act (30 ILCS 230/2a, 230/2a.1), pay the total liability under protest using Form RR-374, Notice of Payment Under Protest (available on our website at tax.illinois.gov), and file a complaint with the circuit court for a review of our determination.

If you do not protest this notice or pay the assessment total in full, we may take collection action against you for the balance due, which may include levy of your wages and bank accounts, filing of a tax lien, or other action to satisfy your liability.

If you have questions, write or call us weekdays between 8:00 a.m. and 4:00 p.m. Our contact information is listed below.

BUREAU OF AUDITS
TECHNICAL REVIEW SECTION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19012
SPRINGFIELD IL 62794-9012

217 785-6579

Confirmation Number: 0-980-142-592

Date Submitted: 07/18/2013

Date Printed: 07/18/2013



Illinois Department of Revenue
ST-1 Sales and Use Tax and
E911 Surcharge Return

Legal Name: MOON-GLO INC

DBA Name:

Account ID: 0973-2764

Filing Period: 06/01/2013 - 6/30/2013

Due Date: 07/22/2013

REV 05 FORM 002 (R-9/11)

Step 1: Alcoholic Liquor Purchases

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) 2,590.00

Step 2: Taxable Receipts

1 Total receipts (include tax) 23,314.00
2 Deductions - Include tax collected
(From Schedule A, Line 29.) 1,423.00
3 Taxable receipts
(Subtract Line 2 from Line 1.) 21,891.00

Step 3: Tax on Receipts

Sales from location within Illinois

General merchandise

4a 21,891.00 x 0.0650 = 4b 1,423.00

Food, drugs, and medical appliances

5a 0.00 x 0.0100 = 5b 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = 6b 0.00

Food, drugs, and medical appliances

7a 0.00 x .01 = 7b 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 x (rate) = 8b 0.00

9 Tax due on receipts
(Add Lines 4b, 5b, 6b, 7b, and 8b.) 1,423.00

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). 25.00
11 Net tax due on receipts
(Subtract Line 10 from Line 9.) 1,398.00

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = 12b 0.00

Food, drugs, and medical appliances

13a 0.00 x .01 = 13b 0.00

Purchases at other rates

14a 0.00 = 14b 0.00

15 Tax due on purchases
(Add Lines 12b, 13b, and 14b.) 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases
(Add Lines 11 and 15.) 1,398.00

16a Manufacturer's Purchase Credit 0.00

17 Prepaid sales tax 0.00

18 Quarter-monthly payments
(Paid on Form RR-3 or by EFT.) 0.00

19 Total prepayments
(Add Lines 16a, 17, and 18.) 0.00

20 Next tax due
(Subtract Line 19 from Line 16.) 1,398.00

Step 7: Payment Due

21 E911 Surcharge
(From Schedule B, Line 10.) 0.00

22 Excess tax and excess surcharge collected 0.00

23 Total tax and surcharge due
(Add Lines 20, 21, and 22.) 1,398.00

24 Credit amount 0.00

25 Payment due
(Subtract Line 24 from Line 23.) 1,398.00

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	1,423.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	4	0.00
5	Interstate commerce	5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	6	0.00
7	Farm machinery and equipment	7	0.00
8	Graphic arts machinery and equipment	8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	0.00
10	Enterprise zone		
a	Sales of building materials	10a	0.00
b	Sales of items other than building materials	10b	0.00
11	High impact business		
a	Sales of building materials	11a	0.00
b	Sales of items other than building materials	11b	0.00
12	River edge redevelopment zone building materials	12	0.00
13	Exempt organizations	13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers, and magazines etc.) - identify below _____	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15.	16	1,423.00

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a 0.00	x 19¢	=	17b 0.00
18	Gasohol and majority blended ethanol	18a 0.00	x 19¢	=	18b 0.00
19	Diesel (including biodiesel and biodiesel blends)	19a 0.00	x 21.5¢	=	19b 0.00
20	Dieselhol	20a 0.00	x 21.5¢	=	20b 0.00
21	Other special fuels	21a 0.00	x 19¢	=	21b 0.00
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a 0.00	x 20% (.20)	=	22b 0.00
23	Biodiesel blend (90 - 99 percent petroleum-based products)	23a 0.00	x 20% (.20)	=	23b 0.00
24	Biodiesel blend (1 - 89 percent petroleum-based products)	24a 0.00	x 100% (1.00)	=	24b 0.00
25	100 percent biodiesel	25a 0.00	x 100% (1.00)	=	25b 0.00
26	Majority blended ethanol fuel	26a 0.00	x 100% (1.00)	=	26b 0.00
27	Other motor fuel deductions _____				27 0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.				28 0.00

Section 3: Total deductions

29	Add Lines 16 and 28. Enter this amount on Step 2 Line 2 on the front page of this return.	29	1,423.00
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Schedule B— E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1	0.00
Figure your breakdown of retail transactions for Chicago locations			
2	For Chicago locations	2a 0.00 x .0700	2b 0.00
3	For Chicago locations at prior rates	3a 0.00 x _____	3b 0.00
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4	0.00
Figure your breakdown of retail transactions for non-Chicago locations			
5	For non-Chicago locations	5a 0.00 x .0150	5b 0.00
6	For non-Chicago locations at prior rates	6a 0.00 x _____	6b 0.00
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7	0.00
Figure your net E911 Surcharge			
8	Total E911 Surcharge. Add Lines 4 and 7.	8	0.00
9	If you filed and paid by the due date.	9	0.00
10	Subtract Line 9 from Line 8. Enter this amount on Step 7 Line 21.	10	0.00

Confirmation Number: 1-757-241-856

Date Submitted: 06/17/2013

Date Printed: 06/17/2013



Illinois Department of Revenue ST-1 Sales and Use Tax and E911 Surcharge Return

Legal Name: MOON-GLO INC

DBA Name:

Account ID: 0973-2764

Filing Period: 05/01/2013 - 5/31/2013

Due Date: 06/20/2013

REV 05 FORM 002 (R-9/11)

Step 1: Alcoholic Liquor Purchases

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) 2,797.00

Step 2: Taxable Receipts

1	Total receipts (include tax)	1	<u>24,934.00</u>
2	Deductions - Include tax collected (From Schedule A, Line 29.)	2	<u>1,522.00</u>
3	Taxable receipts (Subtract Line 2 from Line 1.)	3	<u>23,412.00</u>

Step 3: Tax on Receipts

Sales from location within Illinois

4a	General merchandise <u>23,412.00</u> x 0.0650 =	4b	<u>1,522.00</u>
5a	Food, drugs, and medical appliances <u>0.00</u> x 0.0100 =	5b	<u>0.00</u>

Sales from locations outside Illinois

6a	General merchandise <u>0.00</u> x .0625 =	6b	<u>0.00</u>
7a	Food, drugs, and medical appliances <u>0.00</u> x .01 =	7b	<u>0.00</u>

Sales at prior rates

8a	Receipts taxed at other rates <u>0.00</u> x (rate) =	8b	<u>0.00</u>
9	Tax due on receipts (Add Lines 4b, 5b, 6b, 7b, and 8b.)	9	<u>1,522.00</u>

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	<u>27.00</u>
11	Net tax due on receipts (Subtract Line 10 from Line 9.)	11	<u>1,495.00</u>

Step 5: Tax on Purchases

12a	General merchandise <u>0.00</u> x .0625 =	12b	<u>0.00</u>
13a	Food, drugs, and medical appliances <u>0.00</u> x .01 =	13b	<u>0.00</u>
14a	Purchases at other rates <u>0.00</u>	14b	<u>0.00</u>
15	Tax due on purchases (Add Lines 12b, 13b, and 14b.)	15	<u>0.00</u>

Step 6: Net Tax Due

16	Tax due from receipts and purchases (Add Lines 11 and 15.)	16	<u>1,495.00</u>
16a	Manufacturer's Purchase Credit	16a	<u>0.00</u>
17	Prepaid sales tax	17	<u>0.00</u>
18	Quarter-monthly payments (Paid on Form RR-3 or by EFT.)	18	<u>0.00</u>
19	Total prepayments (Add Lines 16a, 17, and 18.)	19	<u>0.00</u>
20	Next tax due (Subtract Line 19 from Line 16.)	20	<u>1,495.00</u>

Step 7: Payment Due

21	E911 Surcharge (From Schedule B, Line 10.)	21	<u>0.00</u>
22	Excess tax and excess surcharge collected	22	<u>0.00</u>
23	Total tax and surcharge due (Add Lines 20, 21, and 22.)	23	<u>1,495.00</u>
24	Credit amount	24	<u>0.00</u>
25	Payment due (Subtract Line 24 from Line 23.)	25	<u>1,495.00</u>

Schedule A— Deductions

Section 1: Taxes and miscellaneous deductions - If no Section 1 deductions, go to Section 2.

Table with 16 rows for Section 1 deductions. Includes items like 'Taxes collected on general merchandise sales and service' (1,522.00) and 'Total Section 1 deductions' (1,522.00).

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

Table for Section 2 motor fuel deductions. Includes sub-sections for 'State motor fuel tax' (Gasoline, Gasohol, Diesel, etc.) and 'Specific fuels sales tax exemption' (Gasohol, Biodiesel, etc.).

Section 3: Total deductions

Line 29: Add Lines 16 and 28. Enter this amount on Step 2 Line 2 on the front page of this return. Total: 1,522.00

Schedule B— E911 Surcharge

Table for Schedule B E911 Surcharge. Includes breakdowns for Chicago and non-Chicago locations, and a final line for 'Total E911 Surcharge' (0.00).

Confirmation Number: 0-220-068-864

Date Submitted: 05/15/2013

Date Printed: 05/15/2013

Legal Name: MOON-GLO INC

DBA Name:

Account ID: 0973-2764

Filing Period: 04/01/2013 - 4/30/2013

Due Date: 05/20/2013



Illinois Department of Revenue ST-1 Sales and Use Tax and E911 Surcharge Return

REV 05 FORM 002 (R-9/11)

Step 1: Alcoholic Liquor Purchases

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) 2,649.00

Step 2: Taxable Receipts

1	Total receipts (include tax)	1	<u>25,636.00</u>
2	Deductions - include tax collected (From Schedule A, Line 29.)	2	<u>1,565.00</u>
3	Taxable receipts (Subtract Line 2 from Line 1.)	3	<u>24,071.00</u>

Step 3: Tax on Receipts

Sales from location within Illinois

General merchandise

4a 24,071.00 x 0.0650 = 4b 1,565.00

Food, drugs, and medical appliances

5a 0.00 x 0.0100 = 5b 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = 6b 0.00

Food, drugs, and medical appliances

7a 0.00 x .01 = 7b 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 x _____ = 8b 0.00

9 Tax due on receipts (rate)

(Add Lines 4b, 5b, 6b, 7b, and 8b.) 9 1,565.00

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 27.00

11 Net tax due on receipts
(Subtract Line 10 from Line 9.) 11 1,538.00

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = 12b 0.00

Food, drugs, and medical appliances

13a 0.00 x .01 = 13b 0.00

Purchases at other rates

14a 0.00 = 14b 0.00

15 Tax due on purchases
(Add Lines 12b, 13b, and 14b.) 15 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases
(Add Lines 11 and 15.) 16 1,538.00

16a Manufacturer's Purchase Credit 16a 0.00

17 Prepaid sales tax 17 0.00

18 Quarter-monthly payments
(Paid on Form RR-3 or by EFT.) 18 0.00

19 Total prepayments
(Add Lines 16a, 17, and 18.) 19 0.00

20 Next tax due
(Subtract Line 19 from Line 16.) 20 1,538.00

Step 7: Payment Due

21 E911 Surcharge
(From Schedule B, Line 10.) 21 0.00

22 Excess tax and excess surcharge collected 22 0.00

23 Total tax and surcharge due
(Add Lines 20, 21, and 22.) → 23 1,538.00

24 Credit amount 24 0.00

25 Payment due
(Subtract Line 24 from Line 23.) → 25 1,538.00

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	1,565.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	4	0.00
5	Interstate commerce	5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	6	0.00
7	Farm machinery and equipment	7	0.00
8	Graphic arts machinery and equipment	8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	0.00
10	Enterprise zone		
a	Sales of building materials	10a	0.00
b	Sales of items other than building materials	10b	0.00
11	High impact business		
a	Sales of building materials	11a	0.00
b	Sales of items other than building materials	11b	0.00
12	River edge redevelopment zone building materials	12	0.00
13	Exempt organizations	13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers, and magazines etc.) - identify below _____	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15	16	1,565.00

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a 0.00	x 19¢	=	17b 0.00
18	Gasohol and majority blended ethanol	18a 0.00	x 19¢	=	18b 0.00
19	Diesel (including biodiesel and biodiesel blends)	19a 0.00	x 21.5¢	=	19b 0.00
20	Dieselhol	20a 0.00	x 21.5¢	=	20b 0.00
21	Other special fuels	21a 0.00	x 19¢	=	21b 0.00
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a 0.00	x 20% (.20)	=	22b 0.00
23	Biodiesel blend (90 - 99 percent petroleum-based products)	23a 0.00	x 20% (.20)	=	23b 0.00
24	Biodiesel blend (1 - 89 percent petroleum-based products)	24a 0.00	x 100% (1.00)	=	24b 0.00
25	100 percent biodiesel	25a 0.00	x 100% (1.00)	=	25b 0.00
26	Majority blended ethanol fuel	26a 0.00	x 100% (1.00)	=	26b 0.00
27	Other motor fuel deductions _____				27 0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.				28 0.00

Section 3: Total deductions

29	Add Lines 16 and 28. Enter this amount on Step 2 Line 2 on the front page of this return.	29	1,565.00
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Schedule B— E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1	0.00
Figure your breakdown of retail transactions for Chicago locations			
2	For Chicago locations	2a 0.00 x .0700	2b 0.00
3	For Chicago locations at prior rates	3a 0.00 x _____	3b 0.00
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4	0.00
Figure your breakdown of retail transactions for non-Chicago locations			
5	For non-Chicago locations	5a 0.00 x .0150	5b 0.00
6	For non-Chicago locations at prior rates	6a 0.00 x _____	6b 0.00
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7	0.00
Figure your net E911 Surcharge			
8	Total E911 Surcharge. Add Lines 4 and 7.	8	0.00
9	If you filed and paid by the due date.	9	0.00
10	Subtract Line 9 from Line 8. Enter this amount on Step 7 Line 21.	10	0.00

Confirmation Number: 1-441-799-168

Date Submitted: 04/18/2013

Date Printed: 04/18/2013



Illinois Department of Revenue
ST-1 Sales and Use Tax and
E911 Surcharge Return

Legal Name: MOON-GLO INC
DBA Name:
Account ID: 0973-2764
Filing Period: 03/01/2013 - 3/31/2013
Due Date: 04/22/2013

REV 05 FORM 002 (R-9/11)

Step 1: Alcoholic Liquor Purchases

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) 2,103.00

Step 2: Taxable Receipts

1 Total receipts (include tax) 35,183.00
2 Deductions - Include tax collected
(From Schedule A, Line 29.) 2,147.00
3 Taxable receipts
(Subtract Line 2 from Line 1.) 33,036.00

Step 3: Tax on Receipts

Sales from location within Illinois

General merchandise

4a 33,036.00 x 0.0650 = 4b 2,147.00

Food, drugs, and medical appliances

5a 0.00 x 0.0100 = 5b 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = 6b 0.00

Food, drugs, and medical appliances

7a 0.00 x .01 = 7b 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 x (rate) 8b 0.00

9 Tax due on receipts
(Add Lines 4b, 5b, 6b, 7b, and 8b.) 9 2,147.00

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 38.00
11 Net tax due on receipts
(Subtract Line 10 from Line 9.) 11 2,109.00

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = 12b 0.00

Food, drugs, and medical appliances

13a 0.00 x .01 = 13b 0.00

Purchases at other rates

14a 0.00 14b 0.00

15 Tax due on purchases
(Add Lines 12b, 13b, and 14b.) 15 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases
(Add Lines 11 and 15.) 16 2,109.00

16a Manufacturer's Purchase Credit 16a 0.00

17 Prepaid sales tax 17 0.00

18 Quarter-monthly payments
(Paid on Form RR-3 or by EFT.) 18 0.00

19 Total prepayments
(Add Lines 16a, 17, and 18.) 19 0.00

20 Next tax due
(Subtract Line 19 from Line 16.) 20 2,109.00

Step 7: Payment Due

21 E911 Surcharge
(From Schedule B, Line 10.) 21 0.00

22 Excess tax and excess surcharge collected 22 0.00

23 Total tax and surcharge due
(Add Lines 20, 21, and 22.) 23 2,109.00

24 Credit amount 24 0.00

25 Payment due
(Subtract Line 24 from Line 23.) 25 2,109.00

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	2,147.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	4	0.00
5	Interstate commerce	5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	6	0.00
7	Farm machinery and equipment	7	0.00
8	Graphic arts machinery and equipment	8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	0.00
10	Enterprise zone		
a	Sales of building materials	10a	0.00
b	Sales of items other than building materials	10b	0.00
11	High impact business		
a	Sales of building materials	11a	0.00
b	Sales of items other than building materials	11b	0.00
12	River edge redevelopment zone building materials	12	0.00
13	Exempt organizations	13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers, and magazines etc.) - identify below _____	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15.	16	2,147.00

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a 0.00	x 19¢	=	17b 0.00
18	Gasohol and majority blended ethanol	18a 0.00	x 19¢	=	18b 0.00
19	Diesel (including biodiesel and biodiesel blends)	19a 0.00	x 21.5¢	=	19b 0.00
20	Dieselhol	20a 0.00	x 21.5¢	=	20b 0.00
21	Other special fuels	21a 0.00	x 19¢	=	21b 0.00
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a 0.00	x 20% (.20)	=	22b 0.00
23	Biodiesel blend (90 - 99 percent petroleum-based products)	23a 0.00	x 20% (.20)	=	23b 0.00
24	Biodiesel blend (1 - 89 percent petroleum-based products)	24a 0.00	x 100% (1.00)	=	24b 0.00
25	100 percent biodiesel	25a 0.00	x 100% (1.00)	=	25b 0.00
26	Majority blended ethanol fuel	26a 0.00	x 100% (1.00)	=	26b 0.00
27	Other motor fuel deductions _____				27 0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.				28 0.00

Section 3: Total deductions

29	Add Lines 16 and 28. Enter this amount on Step 2 Line 2 on the front page of this return.	29	2,147.00
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Schedule B— E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1	0.00
Figure your breakdown of retail transactions for Chicago locations			
2	For Chicago locations	2a 0.00 x .0700	2b 0.00
3	For Chicago locations at prior rates	3a 0.00 x _____	3b 0.00
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4	0.00
Figure your breakdown of retail transactions for non-Chicago locations			
5	For non-Chicago locations	5a 0.00 x .0150	5b 0.00
6	For non-Chicago locations at prior rates	6a 0.00 x _____	6b 0.00
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7	0.00
Figure your net E911 Surcharge			
8	Total E911 Surcharge. Add Lines 4 and 7.	8	0.00
9	If you filed and paid by the due date, multiply Line 8 by 5% (.05).	9	0.00
10	Subtract Line 9 from Line 8. Enter this amount on Step 7 Line 21.	10	0.00

Confirmation Number: 1-220-621-312

Date Submitted: 03/13/2013

Date Printed: 03/13/2013



Illinois Department of Revenue ST-1 Sales and Use Tax and E911 Surcharge Return

Legal Name: MOON-GLO INC

DBA Name:

Account ID: 0973-2764

Filing Period: 02/01/2013 - 02/28/2013

Due Date: 03/20/2013

REV 05 FORM 002 (R-9/11)

Step 1: Alcoholic Liquor Purchases

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) 1,881.00

Step 2: Taxable Receipts

1	Total receipts (include tax)	1	<u>26,479.00</u>
2	Deductions - include tax collected (From Schedule A, Line 29)	2	<u>1,616.00</u>
3	Taxable receipts (Subtract Line 2 from Line 1.)	3	<u>24,863.00</u>

Step 3: Tax on Receipts

Sales from location within Illinois

General merchandise

4a 24,863.00 x 0.0650 = 4b 1,616.00

Food, drugs, and medical appliances

5a 0.00 x 0.0100 = 5b 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = 6b 0.00

Food, drugs, and medical appliances

7a 0.00 x .01 = 7b 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 x _____ = 8b 0.00

9 Tax due on receipts
(Add Lines 4b, 5b, 6b, 7b, and 8b) 1,616.00

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	<u>28.00</u>
11	Net tax due on receipts (Subtract Line 10 from Line 9)	11	<u>1,588.00</u>

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = 12b 0.00

Food, drugs, and medical appliances

13a 0.00 x .01 = 13b 0.00

Purchases at other rates

14a 0.00 = 14b 0.00

15 Tax due on purchases
(Add Lines 12b, 13b, and 14b) 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases
(Add Lines 11 and 15) 1,588.00

16a Manufacturer's Purchase Credit 0.00

17 Prepaid sales tax 0.00

18 Quarter-monthly payments
(Paid on Form RR-3 or by EFT) 0.00

19 Total prepayments
(Add Lines 16a, 17, and 18) 0.00

20 Next tax due
(Subtract Line 19 from Line 16) 1,588.00

Step 7: Payment Due

21 E911 Surcharge
(From Schedule B, Line 10) 0.00

22 Excess tax and excess surcharge collected 0.00

23 Total tax and surcharge due
(Add Lines 20, 21, and 22) 1,588.00

24 Credit amount 0.00

25 Payment due
(Subtract Line 24 from Line 23) 1,588.00

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	1,616.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	4	0.00
5	Interstate commerce	5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	6	0.00
7	Farm machinery and equipment	7	0.00
8	Graphic arts machinery and equipment	8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	0.00
10	Enterprise zone		
a	Sales of building materials	10a	0.00
b	Sales of items other than building materials	10b	0.00
11	High impact business		
a	Sales of building materials	11a	0.00
b	Sales of items other than building materials	11b	0.00
12	River edge redevelopment zone building materials	12	0.00
13	Exempt organizations	13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers, and magazines etc.) - identify below _____	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15	16	1,616.00

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a 0.00	x 19¢	=	17b 0.00
18	Gasohol and majority blended ethanol	18a 0.00	x 19¢	=	18b 0.00
19	Diesel (including biodiesel and biodiesel blends)	19a 0.00	x 21.5¢	=	19b 0.00
20	Dieselhol	20a 0.00	x 21.5¢	=	20b 0.00
21	Other special fuels	21a 0.00	x 19¢	=	21b 0.00
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a 0.00	x 20% (.20)	=	22b 0.00
23	Biodiesel blend (90 - 99 percent petroleum-based products)	23a 0.00	x 20% (.20)	=	23b 0.00
24	Biodiesel blend (1 - 89 percent petroleum-based products)	24a 0.00	x 100% (1.00)	=	24b 0.00
25	100 percent biodiesel	25a 0.00	x 100% (1.00)	=	25b 0.00
26	Majority blended ethanol fuel	26a 0.00	x 100% (1.00)	=	26b 0.00
27	Other motor fuel deductions _____				27 0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27				28 0.00

Section 3: Total deductions

29	Add Lines 16 and 28. Enter this amount on Step 2 Line 2 on the front page of this return	29	1,616.00
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Schedule B— E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1	0.00
Figure your breakdown of retail transactions for Chicago locations			
2	For Chicago locations	2a 0.00	x .0700
3	For Chicago locations at prior rates	3a 0.00	x _____
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4	0.00
Figure you breakdown of retail transactions for non-Chicago locations			
5	For non-Chicago locations	5a 0.00	x .0150
6	For non-Chicago locations at prior rates	6a 0.00	x _____
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7	0.00
Figure your net E911 Surcharge			
8	Total E911 Surcharge. Add Lines 4 and 7	8	0.00
9	If you filed and paid by the due date	9	0.00
10	Subtract Line 9 from Line 8. Enter this amount on Step 7 Line 21.	10	0.00



Illinois Department of Revenue
ST-1 Sales and Use Tax and
E911 Surcharge Return

Legal Name: MOON-GLO INC
 DBA Name:
 Account ID: 0973-2764
 Filing Period: 01/01/2013 - 01/31/2013
 Due Date: 02/20/2013

REV 05 FORM 002 (R-9/11)

Step 1: Alcoholic Liquor Purchases

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) 3,828.00

Step 2: Taxable Receipts

1 Total receipts (include tax) 1 23,688.00
 2 Deductions - Include tax collected (From Schedule A, Line 29) 2 1,446.00
 3 Taxable receipts (Subtract Line 2 from Line 1.) 3 22,242.00

Step 3: Tax on Receipts

Sales from location within Illinois

General merchandise
 4a 22,242.00 x 0.0650 = 4b 1,446.00
 Food, drugs, and medical appliances
 5a 0.00 x 0.0100 = 5b 0.00

Sales from locations outside Illinois

General merchandise
 6a 0.00 x .0625 = 6b 0.00
 Food, drugs, and medical appliances
 7a 0.00 x .01 = 7b 0.00

Sales at prior rates

Receipts taxed at other rates
 8a 0.00 x _____ (rate) 8b 0.00
 9 Tax due on receipts (Add Lines 4b, 5b, 6b, 7b, and 8b) 9 1,446.00

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 25.00
 11 Net tax due on receipts (Subtract Line 10 from Line 9) 11 1,421.00

Step 5: Tax on Purchases

General merchandise
 12a 0.00 x .0625 = 12b 0.00
 Food, drugs, and medical appliances
 13a 0.00 x .01 = 13b 0.00
 Purchases at other rates
 14a 0.00 14b 0.00
 15 Tax due on purchases (Add Lines 12b, 13b, and 14b) 15 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases (Add Lines 11 and 15) 16 1,421.00
 16a Manufacturer's Purchase Credit 16a 0.00
 17 Prepaid sales tax 17 0.00
 18 Quarter-monthly payments (Paid on Form RR-3 or by EFT) 18 0.00
 19 Total prepayments (Add Lines 16a, 17, and 18) 19 0.00
 20 Next tax due (Subtract Line 19 from Line 16) 20 1,421.00

Step 7: Payment Due

21 E911 Surcharge (From Schedule B, Line 10) 21 0.00
 22 Excess tax and excess surcharge collected 22 0.00
 23 Total tax and surcharge due (Add Lines 20, 21, and 22) ➔ 23 1,421.00
 24 Credit amount 24 0.00
 25 Payment due (Subtract Line 24 from Line 23) ➔ 25 1,421.00

Schedule A—Deductions

Section 1: Taxes and miscellaneous deductions - If no Section 1 deductions, go to Section 2.

Table with 16 rows for Section 1 deductions. Includes items like 'Taxes collected on general merchandise sales and service' (1,446.00) and 'Total Section 1 deductions' (1,446.00).

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

Table for Section 2 motor fuel deductions. Divided into 'State motor fuel tax' (lines 17-21) and 'Specific fuels sales tax exemption' (lines 22-26). Total Section 2 deductions are 0.00.

Section 3: Total deductions

29 Add Lines 16 and 28. Enter this amount on Step 2 Line 2 on the front page of this return. 1,446.00

Schedule B— E911 Surcharge

Table for Schedule B E911 Surcharge. Includes breakdown for Chicago and non-Chicago locations. Total E911 Surcharge is 0.00.



Illinois Department of Revenue
ST-1 Sales and Use Tax and
E911 Surcharge Return

Legal Name: MOON-GLO INC
DBA Name:
Account ID: 0973-2764
Filing Period: 12/01/2012 - 12/31/2012
Due Date: 01/22/2013

REV 05 FORM 002 (R-9/11)

Step 1: Alcoholic Liquor Purchases

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) 3,445.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) **1** 25,397.00
2 Deductions - **include tax collected**
(From Schedule A, Line 29.) **2** 1,550.00
3 Taxable receipts
(Subtract Line 2 from Line 1.) **3** 23,847.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a 23,847.00 x 0.0650 = **4b** 1,550.00

Food, drugs, and medical appliances

5a 0.00 x 0.0100 = **5b** 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = **6b** 0.00

Food, drugs, and medical appliances

7a 0.00 x .01 = **7b** 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 x (rate) = **8b** 0.00

9 Tax due on receipts
(Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** 1,550.00

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** 27.00

11 Net tax due on receipts
(Subtract Line 10 from Line 9.) **11** 1,523.00

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = **12b** 0.00

Food, drugs, and medical appliances

13a 0.00 x .01 = **13b** 0.00

Purchases at other rates

14a 0.00 = **14b** 0.00

15 Tax due on purchases
(Add Lines 12b, 13b, and 14b.) **15** 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases
(Add Lines 11 and 15.) **16** 1,523.00

16a Manufacturer's Purchase Credit
16a 0.00

17 Prepaid sales tax
17 0.00

18 Quarter-monthly payments
(Paid on Form RR-3 or by EFT) **18** 0.00

19 Total prepayments
(Add Lines 16a, 17, and 18.) **19** 0.00

20 Net tax due
(Subtract Line 19 from Line 16.) **20** 1,523.00

Step 7: Payment Due

21 E911 Surcharge
(From Schedule B, Line 10.) **21** 0.00

22 Excess tax and excess surcharge collected
22 0.00

23 Total tax and surcharge due
(Add Lines 20, 21 and 22.) ➔ **23** 1,523.00

24 Credit amount
24 0.00

25 Payment due
(Subtract Line 24 from Line 23.) ➔ **25** 1,523.00

Account ID: 0973-2764

This form is for: 12/01/2012-12/31/2012

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	1,550.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	• 4	0.00
5	Interstate commerce	• 5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	• 6	0.00
7	Farm machinery and equipment	• 7	0.00
8	Graphic arts machinery and equipment	• 8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	• 9	0.00
10	Enterprise zone		
	a Sales of building materials	• 10a	0.00
	b Sales of items other than building materials	• 10b	0.00
11	High impact business		
	a Sales of building materials	• 11a	0.00
	b Sales of items other than building materials	• 11b	0.00
12	River edge redevelopment zone building materials	• 12	0.00
13	Exempt organizations	• 13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15.	16	1,550.00

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>		<u>Rate</u>		
17	Gasoline	17a 0.00	x	19¢	=	17b 0.00
18	Gasohol and majority blended ethanol	18a 0.00	x	19¢	=	18b 0.00
19	Diesel (including biodiesel and biodiesel blends)	19a 0.00	x	21.5¢	=	19b 0.00
20	Dieselhol	20a 0.00	x	21.5¢	=	20b 0.00
21	Other special fuels	21a 0.00	x	19¢	=	21b 0.00
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>		<u>Percentage</u>		
22	Gasohol	22a 0.00	x	20% (.20)	=	22b 0.00
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a 0.00	x	20% (.20)	=	23b 0.00
24	Biodiesel blend (1 - 89 percent petroleum-based product)	24a 0.00	x	100% (1.00)	=	24b 0.00
25	100 percent biodiesel	25a 0.00	x	100% (1.00)	=	25b 0.00
26	Majority blended ethanol fuel	26a 0.00	x	100% (1.00)	=	26b 0.00
27	Other motor fuel deductions _____					27 0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.					28 0.00

Section 3: Total deductions

29	Add Lines 16 and 28. Enter this amount on Step 2, Line 2 on the front page of this return.	➔ 29	1,550.00
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Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service					
	Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1				0.00
Figure your breakdown of retail transactions for Chicago locations						
2	For Chicago locations	2a	0.00	x .0700	=	2b 0.00
3	For Chicago locations at prior rates	3a	0.00	x _____	=	3b 0.00
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4				0.00
Figure your breakdown of retail transactions for non-Chicago locations						
5	For non-Chicago locations	5a	0.00	x .0150	=	5b 0.00
6	For non-Chicago locations at prior rates	6a	0.00	x _____	=	6b 0.00
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7				0.00
Figure your net E911 Surcharge						
8	Total E911 Surcharge. Add Lines 4 and 7.	8				0.00
9	If you filed and paid by the due date, multiply Line 8 by 5% (.05).	9				0.00
10	Subtract Line 9 from Line 8. Enter this amount on Step 7, Line 21.	➔ 10				0.00



Illinois Department of Revenue
ST-1 Sales and Use Tax and
E911 Surcharge Return

Legal Name: MOON-GLO INC
DBA Name:
Account ID: 0973-2764
Filing Period: 11/01/2012 - 11/30/2012
Due Date: 12/20/2012

REV 05 FORM 002 (R-9/11)

Step 1: Alcoholic Liquor Purchases

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) 2,257.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) **1** 21,352.00
2 Deductions - **include tax collected**
 (From Schedule A, Line 29.) **2** 1,303.00
3 Taxable receipts
 (Subtract Line 2 from Line 1.) **3** 20,049.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a 20,049.00 x 0.0650 = **4b** 1,303.00

Food, drugs, and medical appliances

5a 0.00 x 0.0100 = **5b** 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x 0.0625 = **6b** 0.00

Food, drugs, and medical appliances

7a 0.00 x 0.01 = **7b** 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 x = **8b** 0.00

9 Tax due on receipts
 (Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** 1,303.00

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** 23.00

11 Net tax due on receipts
 (Subtract Line 10 from Line 9.) **11** 1,280.00

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = **12b** 0.00

Food, drugs, and medical appliances

13a 0.00 x .01 = **13b** 0.00

Purchases at other rates

14a 0.00 = **14b** 0.00

15 Tax due on purchases
 (Add Lines 12b, 13b, and 14b.) **15** 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases
 (Add Lines 11 and 15.) **16** 1,280.00

16a Manufacturer's Purchase Credit **16a** 0.00

17 Prepaid sales tax **17** 0.00

18 Quarter-monthly payments
 (Paid on Form RR-3 or by EFT) **18** 0.00

19 Total prepayments
 (Add Lines 16a, 17, and 18.) **19** 0.00

20 Net tax due
 (Subtract Line 19 from Line 16.) **20** 1,280.00

Step 7: Payment Due

21 E911 Surcharge
 (From Schedule B, Line 10.) **21** 0.00

22 Excess tax and excess surcharge collected **22** 0.00

23 Total tax and surcharge due
 (Add Lines 20, 21 and 22.) **23** 1,280.00

24 Credit amount **24** 0.00

25 Payment due
 (Subtract Line 24 from Line 23.) **25** 1,280.00

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	1,303.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	• 4	0.00
5	Interstate commerce	• 5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	• 6	0.00
7	Farm machinery and equipment	• 7	0.00
8	Graphic arts machinery and equipment	• 8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	• 9	0.00
10	Enterprise zone		
	a Sales of building materials	• 10a	0.00
	b Sales of items other than building materials	• 10b	0.00
11	High impact business		
	a Sales of building materials	• 11a	0.00
	b Sales of items other than building materials	• 11b	0.00
12	River edge redevelopment zone building materials	• 12	0.00
13	Exempt organizations	• 13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15.	16	1,303.00

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a 0.00	x 19¢	=	17b 0.00
18	Gasohol and majority blended ethanol	18a 0.00	x 19¢	=	18b 0.00
19	Diesel (including biodiesel and biodiesel blends)	19a 0.00	x 21.5¢	=	19b 0.00
20	Dieselhol	20a 0.00	x 21.5¢	=	20b 0.00
21	Other special fuels	21a 0.00	x 19¢	=	21b 0.00
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a 0.00	x 20% (.20)	=	22b 0.00
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a 0.00	x 20% (.20)	=	23b 0.00
24	Biodiesel blend (1 - 89 percent petroleum-based product)	24a 0.00	x 100% (1.00)	=	24b 0.00
25	100 percent biodiesel	25a 0.00	x 100% (1.00)	=	25b 0.00
26	Majority blended ethanol fuel	26a 0.00	x 100% (1.00)	=	26b 0.00
27	Other motor fuel deductions _____				27 0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.				28 0.00

Section 3: Total deductions

29	Add Lines 16 and 28. Enter this amount on Step 2, Line 2 on the front page of this return.	→ 29	1,303.00
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Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service			1	0.00
Do not include E911 Surcharge collected from customers or receipts from exempt sales.					
Figure your breakdown of retail transactions for Chicago locations					
2	For Chicago locations	2a 0.00	x 0.0700	=	2b 0.00
3	For Chicago locations at prior rates	3a 0.00	x	=	3b 0.00
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.				4 0.00
Figure your breakdown of retail transactions for non-Chicago locations					
5	For non-Chicago locations	5a 0.00	x 0.0150	=	5b 0.00
6	For non-Chicago locations at prior rates	6a 0.00	x	=	6b 0.00
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.				7 0.00
Figure your net E911 Surcharge					
8	Total E911 Surcharge. Add Lines 4 and 7.				8 0.00
9	If you filed and paid by the due date, multiply Line 8 by 5% (.05).				9 0.00
10	Subtract Line 9 from Line 8. Enter this amount on Step 7, Line 21.	→ 10			0.00

Confirmation Number: 1-801-203-712

Date Submitted: 11/15/2012

Date Printed: 11/15/2012



Illinois Department of Revenue
ST-1 Sales and Use Tax and
E911 Surcharge Return

Legal Name: MOON-GLO INC

DBA Name:

Account ID: 0973-2764

Filing Period: 10/01/2012 - 10/31/2012

Due Date: 11/20/2012

REV 05 FORM 002 (R-9/11)

Step 1: Alcoholic Liquor Purchases

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) 2,229.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) 22,541.00
2 Deductions - include tax collected 1,376.00
3 Taxable receipts 21,165.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a 21,165.00 x 0.0650 = 4b 1,376.00

Food, drugs, and medical appliances

5a 0.00 x 0.0100 = 5b 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = 6b 0.00

Food, drugs, and medical appliances

7a 0.00 x .01 = 7b 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 x (rate) = 8b 0.00

9 Tax due on receipts 1,376.00
(Add Lines 4b, 5b, 6b, 7b, and 8b.)

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). 24.00

11 Net tax due on receipts 1,352.00
(Subtract Line 10 from Line 9.)

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = 12b 0.00

Food, drugs, and medical appliances

13a 0.00 x .01 = 13b 0.00

Purchases at other rates

14a 0.00 = 14b 0.00

15 Tax due on purchases

(Add Lines 12b, 13b, and 14b.) 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases 1,352.00
(Add Lines 11 and 15.)

16a Manufacturer's Purchase Credit

16a 0.00

17 Prepaid sales tax

17 0.00

18 Quarter-monthly payments

(Paid on Form RR-3 or by EFT) 0.00

19 Total prepayments

(Add Lines 16a, 17, and 18.) 0.00

20 Net tax due

(Subtract Line 19 from Line 16.) 1,352.00

Step 7: Payment Due

21 E911 Surcharge 0.00
(From Schedule B, Line 10.)

22 Excess tax and excess surcharge collected 0.00

23 Total tax and surcharge due 1,352.00
(Add Lines 20, 21 and 22.)

24 Credit amount 0.00

25 Payment due 1,352.00
(Subtract Line 24 from Line 23.)

Account ID: 0973-2764

This form is for: 10/01/2012-10/31/2012

Schedule A — Deductions

Section 1: Taxes and miscellaneous deductions - If no Section 1 deductions, go to Section 2.

Table with 16 rows for Section 1 deductions. Includes items like 'Taxes collected on general merchandise sales and service' (1,376.00) and 'Total Section 1 deductions' (1,376.00).

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

Table for Section 2 motor fuel deductions. Divided into 'State motor fuel tax' (lines 17-21) and 'Specific fuels sales tax exemption' (lines 22-28). Total Section 2 deductions: 0.00.

Section 3: Total deductions

29 Add Lines 16 and 28. Enter this amount on Step 2, Line 2 on the front page of this return. 1,376.00

Schedule B — E911 Surcharge

Table for Schedule B E911 Surcharge. Includes breakdown for Chicago and non-Chicago locations. Total E911 Surcharge: 0.00.

Confirmation Number: 0-566-910-976

Date Submitted: 10/16/2012

Date Printed: 10/16/2012



ST-1 Sales and Use Tax and E911 Surcharge Return

Legal Name: MOON-GLO INC

DBA Name:

Account ID: 0973-2764

Filing Period: 09/01/2012 - 09/30/2012

Due Date: 10/22/2012

REV 05 FORM 002 (R-9/11)

Step 1: Alcoholic Liquor Purchases

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) 2,397.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) 24,068.00
2 Deductions - include tax collected (From Schedule A, Line 29.) 1,469.00
3 Taxable receipts (Subtract Line 2 from Line 1.) 22,599.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a 22,599.00 x 0.0650 = 4b 1,469.00

Food, drugs, and medical appliances

5a 0.00 x 0.0100 = 5b 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = 6b 0.00

Food, drugs, and medical appliances

7a 0.00 x .01 = 7b 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 x (rate) = 8b 0.00

9 Tax due on receipts (Add Lines 4b, 5b, 6b, 7b, and 8b.) 1,469.00

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). 26.00

11 Net tax due on receipts (Subtract Line 10 from Line 9.) 1,443.00

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = 12b 0.00

Food, drugs, and medical appliances

13a 0.00 x .01 = 13b 0.00

Purchases at other rates

14a 0.00 = 14b 0.00

15 Tax due on purchases (Add Lines 12b, 13b, and 14b.) 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases (Add Lines 11 and 15.) 1,443.00

16a Manufacturer's Purchase Credit 0.00

17 Prepaid sales tax 0.00

18 Quarter-monthly payments (Paid on Form RR-3 or by EFT) 0.00

19 Total prepayments (Add Lines 16a, 17, and 18.) 0.00

20 Net tax due (Subtract Line 19 from Line 16.) 1,443.00

Step 7: Payment Due

21 E911 Surcharge (From Schedule B, Line 10.) 0.00

22 Excess tax and excess surcharge collected 0.00

23 Total tax and surcharge due (Add Lines 20, 21 and 22.) 1,443.00

24 Credit amount 0.00

25 Payment due (Subtract Line 24 from Line 23.) 1,443.00

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	1,469.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	• 4	0.00
5	Interstate commerce	• 5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	• 6	0.00
7	Farm machinery and equipment	• 7	0.00
8	Graphic arts machinery and equipment	• 8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	• 9	0.00
10	Enterprise zone		
	a Sales of building materials	• 10a	0.00
	b Sales of items other than building materials	• 10b	0.00
11	High impact business		
	a Sales of building materials	• 11a	0.00
	b Sales of items other than building materials	• 11b	0.00
12	River edge redevelopment zone building materials	• 12	0.00
13	Exempt organizations	• 13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15.	16	1,469.00

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 0.00	x 19¢	=	17b 0.00
18	Gasohol and majority blended ethanol	18a 0.00	x 19¢	=	18b 0.00
19	Diesel (including biodiesel and biodiesel blends)	19a 0.00	x 21.5¢	=	19b 0.00
20	Dieselhol	20a 0.00	x 21.5¢	=	20b 0.00
21	Other special fuels	21a 0.00	x 19¢	=	21b 0.00
Specific fuels sales tax exemption		Receipts	Percentage		
22	Gasohol	22a 0.00	x 20% (.20)	=	22b 0.00
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a 0.00	x 20% (.20)	=	23b 0.00
24	Biodiesel blend (1 - 89 percent petroleum-based product)	24a 0.00	x 100% (1.00)	=	24b 0.00
25	100 percent biodiesel	25a 0.00	x 100% (1.00)	=	25b 0.00
26	Majority blended ethanol fuel	26a 0.00	x 100% (1.00)	=	26b 0.00
27	Other motor fuel deductions _____				27 0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.				28 0.00

Section 3: Total deductions

29	Add Lines 16 and 28. Enter this amount on Step 2, Line 2 on the front page of this return.	➔ 29	1,469.00
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Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service				
	Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1			0.00
Figure your breakdown of retail transactions for Chicago locations					
2	For Chicago locations	2a 0.00	x .0700	=	2b 0.00
3	For Chicago locations at prior rates	3a 0.00	x _____	=	3b 0.00
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4			0.00
Figure your breakdown of retail transactions for non-Chicago locations					
5	For non-Chicago locations	5a 0.00	x .0150	=	5b 0.00
6	For non-Chicago locations at prior rates	6a 0.00	x _____	=	6b 0.00
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7			0.00
Figure your net E911 Surcharge					
8	Total E911 Surcharge. Add Lines 4 and 7.	8			0.00
9	If you filed and paid by the due date, multiply Line 8 by 5% (.05).	9			0.00
10	Subtract Line 9 from Line 8. Enter this amount on Step 7, Line 21.	➔ 10			0.00

ST-1 Sales and Use Tax and E911 Surcharge Return (R-9/11)

Account ID 0973-2764 This form is for: August 2012

This form is due: 09/20/2012

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) 2,060.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) **1** 24,867.00
2 Deductions - Include tax collected
(From Schedule A, Line 29.) **2** 1,518.00
3 Taxable receipts
(Subtract Line 2 from Line 1.) **3** 23,349.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a 23,349.00 x .0650 = **4b** 1,518.00

Food, drugs, and medical appliances

5a 0.00 x .0100 = **5b** 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = **6b** 0.00

Food, drugs, and medical appliances

7a 0.00 x .0100 = **7b** 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 **8b** 0.00

9 Tax due on receipts

(Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** 1,518.00

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

10 If you filed and paid by the due date,

multiply Line 9 by .0175 **10** 27.00

11 Net tax due on receipts

(Subtract Line 10 from Line 9.) **11** 1,491.00

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = **12b** 0.00

Food, drugs, and medical appliances

13a 0.00 x .0100 = **13b** 0.00

Purchases at other rates

14a 0.00 **14b** 0.00

15 Tax due on purchases

(Add Lines 12b, 13b, and 14b.) **15** 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases

(Add Lines 11 and 15.) **16** 1,491.00

16a Manufacturer's Purchase Credit

(See instructions.) **16a** 0.00

17 Prepaid sales tax

(Attach PST-2 copy A.) **17** 0.00

18 Quarter-monthly payments

(Paid on Form RR-3 or by EFT) **18** 0.00

19 Total prepayments

(Add Lines 16a, 17, and 18.) **19** 0.00

20 Net tax due

(Subtract Line 19 from Line 16.) **20** 1,491.00

Step 7: Payment Due

21 E911 Surcharge

(From Schedule B, Line 10.) **21** 0.00

22 Excess tax and excess surcharge collected

(See instructions.) **22** 0.00

23 Total tax and surcharge due

(Add Lines 20, 21 and 22.) **23** 1,491.00

24 Credit amount

(See instructions.) **24** 0.00

25 Payment due

(Subtract Line 24 from Line 23.) **25** 1,491.00

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.

PHILIP C ADAMS 217-442-9519 09/14/2012
Taxpayer Phone Date

PAT OWENS 217-442-1643 09/14/2012
Preparer Phone Date

MOON-GLO INC
3124 PERRYVILLE RD
DANVILLE, IL 61834-5848

CONFIRMATION NUMBER: 12SWF000544303

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>1,518.00</u>
2	Taxes collected on food, drugs, and medical appliances sales and service	2	<u>0.00</u>
3	E911 surcharge collected	3	<u>0.00</u>
4	Resale	4	<u>0.00</u>
5	Interstate commerce	5	<u>0.00</u>
6	Manufacturing machinery and equipment (including photoprocessing)	6	<u>0.00</u>
7	Farm machinery and equipment	7	<u>0.00</u>
8	Graphic arts machinery and equipment	8	<u>0.00</u>
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	<u>0.00</u>
10	Enterprise zone		
	a Sales of building materials	10a	<u>0.00</u>
	b Sales of items other than building materials	10b	<u>0.00</u>
11	High impact business		
	a Sales of building materials	11a	<u>0.00</u>
	b Sales of items other than building materials	11b	<u>0.00</u>
12	River edge redevelopment zone building materials	12	<u>0.00</u>
13	Exempt organizations	13	<u>0.00</u>
14	Sales of service - identify here _____	14	<u>0.00</u>
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	<u>0.00</u>
16	Total Section 1 deductions. Add Lines 1 through 15.	16	<u>1,518.00</u>

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a <u>0.000</u>	x .1900 =	17b	<u>0.00</u>
18	Gasohol and majority blended ethanol	18a <u>0.000</u>	x .1900 =	18b	<u>0.00</u>
19	Diesel (including biodiesel and biodiesel blends)	19a <u>0.000</u>	x .2150 =	19b	<u>0.00</u>
20	Dieselhol	20a <u>0.000</u>	x .2150 =	20b	<u>0.00</u>
21	Other special fuels	21a <u>0.000</u>	x .1900 =	21b	<u>0.00</u>
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a <u>0.00</u>	x .2000 =	22b	<u>0.00</u>
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a <u>0.00</u>	x .2000 =	23b	<u>0.00</u>
24	Biodiesel blend (1- 89 percent petroleum-based product)	24a <u>0.00</u>	x 1.0000 =	24b	<u>0.00</u>
25	100 percent biodiesel	25a <u>0.00</u>	x 1.0000 =	25b	<u>0.00</u>
26	Majority blended ethanol fuel	26a <u>0.00</u>	x 1.0000 =	26b	<u>0.00</u>
27	Other motor fuel deductions _____			27	<u>0.00</u>
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.			28	<u>0.00</u>

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	<u>1,518.00</u>
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Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1	<u>0.00</u>
Figure your breakdown of retail transactions for Chicago locations			
2	For Chicago locations	2a <u>0.00</u> x .0700 =	2b <u>0.00</u>
3	For Chicago locations at prior rates	3a <u>0.00</u>	3b <u>0.00</u>
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4	<u>0.00</u>
Figure your breakdown of retail transactions for non-Chicago locations			
5	For non-Chicago locations	5a <u>0.00</u> x .0150 =	5b <u>0.00</u>
6	For non-Chicago locations at prior rates	6a <u>0.00</u>	6b <u>0.00</u>
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7	<u>0.00</u>
Figure your net E911 Surcharge			
8	Total E911 Surcharge. Add Lines 4 and 7.	8	<u>0.00</u>
9	If you filed and paid by the due date, multiply Line 8 by .0500	9	<u>0.00</u>
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.	10	<u>0.00</u>

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

ST-1 Sales and Use Tax and E911 Surcharge Return (R-9/11)

DO NOT MAIL
INTERNET FILED RETURN

Account ID 0973-2764 This form is for: July 2012

This form is due: 08/20/2012

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) 2,764.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) 1 28,508.00
2 Deductions - include tax collected (From Schedule A, Line 29.) 2 1,740.00
3 Taxable receipts (Subtract Line 2 from Line 1.) 3 26,768.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a 26,768.00 x .0650 = 4b 1,740.00

Food, drugs, and medical appliances

5a 0.00 x .0100 = 5b 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = 6b 0.00

Food, drugs, and medical appliances

7a 0.00 x .0100 = 7b 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 8b 0.00

9 Tax due on receipts (Add Lines 4b, 5b, 6b, 7b, and 8b.) 9 1,740.00

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

10 If you filed and paid by the due date, multiply Line 9 by .0175 10 30.00

11 Net tax due on receipts (Subtract Line 10 from Line 9.) 11 1,710.00

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = 12b 0.00

Food, drugs, and medical appliances

13a 0.00 x .0100 = 13b 0.00

Purchases at other rates

14a 0.00 14b 0.00

15 Tax due on purchases (Add Lines 12b, 13b, and 14b.) 15 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases (Add Lines 11 and 15.) 16 1,710.00

16a Manufacturer's Purchase Credit (See instructions.) 16a 0.00

17 Prepaid sales tax (Attach PST-2 copy A.) 17 0.00

18 Quarter-monthly payments (Paid on Form RR-3 or by EFT) 18 0.00

19 Total prepayments (Add Lines 16a, 17, and 18.) 19 0.00

20 Net tax due (Subtract Line 19 from Line 16.) 20 1,710.00

Step 7: Payment Due

21 E911 Surcharge (From Schedule B, Line 10.) 21 0.00

22 Excess tax and excess surcharge collected (See instructions.) 22 0.00

23 Total tax and surcharge due (Add Lines 20, 21 and 22.) 23 1,710.00

24 Credit amount (See instructions.) 24 0.00

25 Payment due (Subtract Line 24 from Line 23.) 25 1,710.00

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.

PHILIP C ADAMS 217-442-9519 08/16/2012
Taxpayer Phone Date

PAT OWENS 217-442-1643 08/16/2012
Preparer Phone Date

MOON-GLO INC
3124 PERRYVILLE RD
DANVILLE, IL 61834-5848

CONFIRMATION NUMBER: 12SWF000483846

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	1,740.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	4	0.00
5	Interstate commerce	5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	6	0.00
7	Farm machinery and equipment	7	0.00
8	Graphic arts machinery and equipment	8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	0.00
10	Enterprise zone		
	a Sales of building materials	10a	0.00
	b Sales of items other than building materials	10b	0.00
11	High impact business		
	a Sales of building materials	11a	0.00
	b Sales of items other than building materials	11b	0.00
12	River edge redevelopment zone building materials	12	0.00
13	Exempt organizations	13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15.	16	1,740.00

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a 0.000	x .1900 =	17b	0.00
18	Gasohol and majority blended ethanol	18a 0.000	x .1900 =	18b	0.00
19	Diesel (including biodiesel and biodiesel blends)	19a 0.000	x .2150 =	19b	0.00
20	Dieselhol	20a 0.000	x .2150 =	20b	0.00
21	Other special fuels	21a 0.000	x .1900 =	21b	0.00
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a 0.00	x .2000 =	22b	0.00
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a 0.00	x .2000 =	23b	0.00
24	Biodiesel blend (1- 89 percent petroleum-based product)	24a 0.00	x 1.0000 =	24b	0.00
25	100 percent biodiesel	25a 0.00	x 1.0000 =	25b	0.00
26	Majority blended ethanol fuel	26a 0.00	x 1.0000 =	26b	0.00
27	Other motor fuel deductions _____			27	0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.			28	0.00

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	1,740.00
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Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1	0.00
Figure your breakdown of retail transactions for Chicago locations			
2	For Chicago locations	2a 0.00 x .0700 =	2b 0.00
3	For Chicago locations at prior rates	3a 0.00	3b 0.00
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4	0.00
Figure your breakdown of retail transactions for non-Chicago locations			
5	For non-Chicago locations	5a 0.00 x .0150 =	5b 0.00
6	For non-Chicago locations at prior rates	6a 0.00	6b 0.00
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7	0.00
8	Total E911 Surcharge. Add Lines 4 and 7.	8	0.00
9	If you filed and paid by the due date, multiply Line 8 by .0500	9	0.00
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.	10	0.00

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

ST-1 Sales and Use Tax and E911 Surcharge Return (R-9/11)

Account ID 0973-2764 This form is for: June 2012

This form is due: 07/20/2012

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) 3,308.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) 1 26,278.00
 2 Deductions - **Include tax collected**
 (From Schedule A, Line 29.) 2 1,604.00
 3 Taxable receipts
 (Subtract Line 2 from Line 1.) 3 24,674.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a 24,674.00 x .0650 = 4b 1,604.00

Food, drugs, and medical appliances

5a 0.00 x .0100 = 5b 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = 6b 0.00

Food, drugs, and medical appliances

7a 0.00 x .0100 = 7b 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 8b 0.00

9 Tax due on receipts
(Add Lines 4b, 5b, 6b, 7b, and 8b.) 9 1,604.00

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

10 If you filed and paid by the due date,
multiply Line 9 by .0175 10 28.00

11 Net tax due on receipts
(Subtract Line 10 from Line 9.) 11 1,576.00

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = 12b 0.00

Food, drugs, and medical appliances

13a 0.00 x .0100 = 13b 0.00

Purchases at other rates

14a 0.00 14b 0.00

15 Tax due on purchases
(Add Lines 12b, 13b, and 14b.) 15 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases
(Add Lines 11 and 15.) 16 1,576.00

16a Manufacturer's Purchase Credit
(See instructions.) 16a 0.00

17 Prepaid sales tax
(Attach PST-2 copy A.) 17 0.00

18 Quarter-monthly payments
(Paid on Form RR-3 or by EFT) 18 0.00

19 Total prepayments
(Add Lines 16a, 17, and 18.) 19 0.00

20 Net tax due
(Subtract Line 19 from Line 16.) 20 1,576.00

Step 7: Payment Due

21 E911 Surcharge
(From Schedule B, Line 10.) 21 0.00

22 Excess tax and excess surcharge collected
(See instructions.) 22 0.00

23 Total tax and surcharge due
(Add Lines 20, 21 and 22.) 23 1,576.00

24 Credit amount
(See instructions.) 24 0.00

25 Payment due
(Subtract Line 24 from Line 23.) 25 1,576.00

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.

PHILIP C ADAMS 217-442-9519 07/18/2012
Taxpayer Phone Date

PAT OWENS 217-442-1643 07/18/2012
Preparer Phone Date

CONFIRMATION NUMBER: 12SWF000413921

MOON-GLO INC
3124 PERRYVILLE RD
DANVILLE, IL 61834-5848

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	1,604.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	4	0.00
5	Interstate commerce	5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	6	0.00
7	Farm machinery and equipment	7	0.00
8	Graphic arts machinery and equipment	8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	0.00
10	Enterprise zone		
	a Sales of building materials	10a	0.00
	b Sales of items other than building materials	10b	0.00
11	High impact business		
	a Sales of building materials	11a	0.00
	b Sales of items other than building materials	11b	0.00
12	River edge redevelopment zone building materials	12	0.00
13	Exempt organizations	13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15.	16	1,604.00

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a 0.000	x .1900 =	17b	0.00
18	Gasohol and majority blended ethanol	18a 0.000	x .1900 =	18b	0.00
19	Diesel (including biodiesel and biodiesel blends)	19a 0.000	x .2150 =	19b	0.00
20	Dieselhol	20a 0.000	x .2150 =	20b	0.00
21	Other special fuels	21a 0.000	x .1900 =	21b	0.00
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a 0.00	x .2000 =	22b	0.00
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a 0.00	x .2000 =	23b	0.00
24	Biodiesel blend (1- 89 percent petroleum-based product)	24a 0.00	x 1.0000 =	24b	0.00
25	100 percent biodiesel	25a 0.00	x 1.0000 =	25b	0.00
26	Majority blended ethanol fuel	26a 0.00	x 1.0000 =	26b	0.00
27	Other motor fuel deductions _____			27	0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.			28	0.00

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	1,604.00
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Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service				
	Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1			0.00
Figure your breakdown of retail transactions for Chicago locations					
2	For Chicago locations	2a 0.00	x .0700 =	2b	0.00
3	For Chicago locations at prior rates	3a 0.00		3b	0.00
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.			4	0.00
Figure your breakdown of retail transactions for non-Chicago locations					
5	For non-Chicago locations	5a 0.00	x .0150 =	5b	0.00
6	For non-Chicago locations at prior rates	6a 0.00		6b	0.00
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.			7	0.00
Figure your net E911 Surcharge					
8	Total E911 Surcharge. Add Lines 4 and 7.			8	0.00
9	If you filed and paid by the due date, multiply Line 8 by .0500			9	0.00
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.			10	0.00

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Illinois Department of Revenue

ST-1 Sales and Use Tax and E911 Surcharge Return (R-9/11)

**DO NOT MAIL
INTERNET FILED RETURN**

Account ID 0973-2764 This form is for: May 2012

This form is due: 06/20/2012

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) 4,138.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) **1** 28,114.00
2 Deductions - include tax collected
(From Schedule A, Line 29.) **2** 1,716.00
3 Taxable receipts
(Subtract Line 2 from Line 1.) **3** 26,398.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a 26,398.00 x .0650 = **4b** 1,716.00

Food, drugs, and medical appliances

5a 0.00 x .0100 = **5b** 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = **6b** 0.00

Food, drugs, and medical appliances

7a 0.00 x .0100 = **7b** 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 = **8b** 0.00

9 Tax due on receipts

(Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** 1,716.00

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

10 If you filed and paid by the due date,
multiply Line 9 by .0175

10 30.00

11 Net tax due on receipts

(Subtract Line 10 from Line 9.) **11** 1,686.00

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = **12b** 0.00

Food, drugs, and medical appliances

13a 0.00 x .0100 = **13b** 0.00

Purchases at other rates

14a 0.00 = **14b** 0.00

15 Tax due on purchases

(Add Lines 12b, 13b, and 14b.) **15** 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases

(Add Lines 11 and 15) **16** 1,686.00

16a Manufacturer's Purchase Credit

(See instructions.) **16a** 0.00

17 Prepaid sales tax

(Attach PST-2 copy A.) **17** 0.00

18 Quarter-monthly payments

(Paid on Form RR-3 or by EFT) **18** 0.00

19 Total prepayments

(Add Lines 16a, 17, and 18.) **19** 0.00

20 Net tax due

(Subtract Line 19 from Line 16.) **20** 1,686.00

Step 7: Payment Due

21 E911 Surcharge

(From Schedule B, Line 10.) **21** 0.00

22 Excess tax and excess surcharge collected

(See instructions.) **22** 0.00

23 Total tax and surcharge due

(Add Lines 20, 21 and 22.) **23** 1,686.00

24 Credit amount

(See instructions.) **24** 0.00

25 Payment due

(Subtract Line 24 from Line 23.) **25** 1,686.00

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.

PHILIP C ADAMS 217-442-9519 06/12/2012
Taxpayer Phone Date

PAT OWENS 217-442-1643 06/12/2012
Preparer Phone Date

MOON-GLO INC
3124 PERRYVILLE RD
DANVILLE, IL 61834-5848

CONFIRMATION NUMBER: 12SWF000305926

Schedule A — Deductions

Section 1: Taxes and miscellaneous deductions - If no Section 1 deductions, go to Section 2.

Table with 16 rows for Section 1 deductions. Line 1: Taxes collected on general merchandise sales and service (1,716.00). Line 2: Taxes collected on food, drugs, and medical appliances sales and service (0.00). Line 3: E911 surcharge collected (0.00). Line 4: Resale (0.00). Line 5: Interstate commerce (0.00). Line 6: Manufacturing machinery and equipment (including photoprocessing) (0.00). Line 7: Farm machinery and equipment (0.00). Line 8: Graphic arts machinery and equipment (0.00). Line 9: Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps) (0.00). Line 10: Enterprise zone (0.00). Line 11: High impact business (0.00). Line 12: River edge redevelopment zone building materials (0.00). Line 13: Exempt organizations (0.00). Line 14: Sales of service - identify here (0.00). Line 15: Other (including cash refunds, newspapers and magazines, etc.) - identify below (0.00). Line 16: Total Section 1 deductions. Add Lines 1 through 15. (1,716.00)

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

Table for Section 2: Motor fuel deductions. Sub-section: State motor fuel tax. Lines 17-21: Gasoline, Gasohol and majority blended ethanol, Diesel (including biodiesel and biodiesel blends), Dieselhol, Other special fuels. Sub-section: Specific fuels sales tax exemption. Lines 22-27: Gasohol, Biodiesel blend (90 - 99 percent petroleum-based product), Biodiesel blend (1- 89 percent petroleum-based product), 100 percent biodiesel, Majority blended ethanol fuel, Other motor fuel deductions. Line 28: Total Section 2 deductions. Add Lines 17b through 26b and 27. (0.00)

Section 3: Total deductions

Line 29: Add Lines 16 and 28. Write this amount on Step 2, Line 2 on the front page of this return. (1,716.00)

Schedule B — E911 Surcharge

Table for Schedule B: E911 Surcharge. Line 1: Receipts from retail transactions of prepaid wireless telecommunications service (Do not include E911 Surcharge collected from customers or receipts from exempt sales). (0.00). Figure your breakdown of retail transactions for Chicago locations. Line 2: For Chicago locations (0.00 x .0700 = 0.00). Line 3: For Chicago locations at prior rates (0.00). Line 4: Total E911 Surcharge for Chicago. Add Lines 2b and 3b. (0.00). Figure your breakdown of retail transactions for non-Chicago locations. Line 5: For non-Chicago locations (0.00 x .0150 = 0.00). Line 6: For non-Chicago locations at prior rates (0.00). Line 7: Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b. (0.00). Figure your net E911 Surcharge. Line 8: Total E911 Surcharge. Add Lines 4 and 7. (0.00). Line 9: If you filed and paid by the due date, multiply Line 8 by .0500 (0.00). Line 10: Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21. (0.00)

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Illinois Department of Revenue

ST-1 Sales and Use Tax and E911 Surcharge Return (R-9/11)

DO NOT MAIL
INTERNET FILED RETURN

Account ID 0973-2764 This form is for: April 2012

This form is due: 05/21/2012

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) 3,538.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) **1** 29,920.00
2 Deductions - include tax collected
(From Schedule A, Line 29.) **2** 1,826.00
3 Taxable receipts **3** 28,094.00
(Subtract Line 2 from Line 1.)

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise
4a 28,094.00 x .0650 = **4b** 1,826.00
 Food, drugs, and medical appliances
5a 0.00 x .0100 = **5b** 0.00

Sales from locations outside Illinois

General merchandise
6a 0.00 x .0625 = **6b** 0.00
 Food, drugs, and medical appliances
7a 0.00 x .0100 = **7b** 0.00

Sales at prior rates

Receipts taxed at other rates
8a 0.00 **8b** 0.00
9 Tax due on receipts
(Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** 1,826.00

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

10 If you filed and paid by the due date,
multiply Line 9 by .0175 **10** 32.00
11 Net tax due on receipts
(Subtract Line 10 from Line 9.) **11** 1,794.00

Step 5: Tax on Purchases

General merchandise
12a 0.00 x .0625 = **12b** 0.00
 Food, drugs, and medical appliances
13a 0.00 x .0100 = **13b** 0.00
 Purchases at other rates
14a 0.00 **14b** 0.00
15 Tax due on purchases
(Add Lines 12b, 13b, and 14b.) **15** 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases
(Add Lines 11 and 15.) **16** 1,794.00
16a Manufacturer's Purchase Credit
(See instructions.) **16a** 0.00
17 Prepaid sales tax
(Attach PST-2 copy A.) **17** 0.00
18 Quarter-monthly payments
(Paid on Form RR-3 or by EFT) **18** 0.00
19 Total prepayments
(Add Lines 16a, 17, and 18.) **19** 0.00
20 Net tax due
(Subtract Line 19 from Line 16.) **20** 1,794.00

Step 7: Payment Due

21 E911 Surcharge
(From Schedule B, Line 10.) **21** 0.00
22 Excess tax and excess surcharge collected
(See instructions.) **22** 0.00
23 Total tax and surcharge due
(Add Lines 20, 21 and 22.) **23** 1,794.00
24 Credit amount
(See instructions.) **24** 0.00
25 Payment due
(Subtract Line 24 from Line 23.) **25** 1,794.00

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.

PHILIP C ADAMS 217-442-9519 05/15/2012
 Taxpayer Phone Date
PAT OWENS 217-442-1643 05/15/2012
 Preparer Phone Date

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE, IL 61834-5848

CONFIRMATION NUMBER: 12SWF000243544

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	1,826.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	4	0.00
5	Interstate commerce	5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	6	0.00
7	Farm machinery and equipment	7	0.00
8	Graphic arts machinery and equipment	8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	0.00
10	Enterprise zone		
	a Sales of building materials	10a	0.00
	b Sales of items other than building materials	10b	0.00
11	High impact business		
	a Sales of building materials	11a	0.00
	b Sales of items other than building materials	11b	0.00
12	River edge redevelopment zone building materials	12	0.00
13	Exempt organizations	13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15.	16	1,826.00

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a	0.000	x	.1900 = 17b 0.00
18	Gasohol and majority blended ethanol	18a	0.000	x	.1900 = 18b 0.00
19	Diesel (including biodiesel and biodiesel blends)	19a	0.000	x	.2150 = 19b 0.00
20	Dieselhol	20a	0.000	x	.2150 = 20b 0.00
21	Other special fuels	21a	0.000	x	.1900 = 21b 0.00
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a	0.00	x	.2000 = 22b 0.00
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a	0.00	x	.2000 = 23b 0.00
24	Biodiesel blend (1 - 89 percent petroleum-based product)	24a	0.00	x	1.0000 = 24b 0.00
25	100 percent biodiesel	25a	0.00	x	1.0000 = 25b 0.00
26	Majority blended ethanol fuel	26a	0.00	x	1.0000 = 26b 0.00
27	Other motor fuel deductions _____				27 0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.				28 0.00

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	1,826.00
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Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service			
	Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1	0.00	
Figure your breakdown of retail transactions for Chicago locations				
2	For Chicago locations	2a	0.00 x .0700 =	2b 0.00
3	For Chicago locations at prior rates	3a	0.00	3b 0.00
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4	0.00	
Figure your breakdown of retail transactions for non-Chicago locations				
5	For non-Chicago locations	5a	0.00 x .0150 =	5b 0.00
6	For non-Chicago locations at prior rates	6a	0.00	6b 0.00
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7	0.00	
Figure your net E911 Surcharge				
8	Total E911 Surcharge. Add Lines 4 and 7.	8	0.00	
9	If you filed and paid by the due date, multiply Line 8 by .0500	9	0.00	
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.	10	0.00	

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Illinois Department of Revenue
ST-1 Sales and Use Tax and E911 Surcharge Return (R-9/11)

DO NOT MAIL
INTERNET FILED RETURN

Account ID 0973-2764 This form is for: March 2012

This form is due: 04/20/2012

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) 2,335.00

Step 2: Taxable Receipts

1 Total receipts (include tax.) **1** 23,038.00
2 Deductions - include tax collected
 (From Schedule A, Line 29.) **2** 1,406.00
3 Taxable receipts
 (Subtract Line 2 from Line 1.) **3** 21,632.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise

4a 21,632.00 x .0650 = **4b** 1,406.00

Food, drugs, and medical appliances

5a 0.00 x .0100 = **5b** 0.00

Sales from locations outside Illinois

General merchandise

6a 0.00 x .0625 = **6b** 0.00

Food, drugs, and medical appliances

7a 0.00 x .0100 = **7b** 0.00

Sales at prior rates

Receipts taxed at other rates

8a 0.00 **8b** 0.00

9 Tax due on receipts

(Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** 1,406.00

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

10 If you filed and paid by the due date,

multiply Line 9 by .0175 **10** 25.00

11 Net tax due on receipts

(Subtract Line 10 from Line 9.) **11** 1,381.00

Step 5: Tax on Purchases

General merchandise

12a 0.00 x .0625 = **12b** 0.00

Food, drugs, and medical appliances

13a 0.00 x .0100 = **13b** 0.00

Purchases at other rates

14a 0.00 **14b** 0.00

15 Tax due on purchases

(Add Lines 12b, 13b, and 14b.) **15** 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases

(Add Lines 11 and 15.) **16** 1,381.00

16a Manufacturer's Purchase Credit

(See instructions.) **16a** 0.00

17 Prepaid sales tax

(Attach PST-2 copy A.) **17** 0.00

18 Quarter-monthly payments

(Paid on Form RR-3 or by EFT) **18** 0.00

19 Total prepayments

(Add Lines 16a, 17, and 18.) **19** 0.00

20 Net tax due

(Subtract Line 19 from Line 16.) **20** 1,381.00

Step 7: Payment Due

21 E911 Surcharge

(From Schedule B, Line 10.) **21** 0.00

22 Excess tax and excess surcharge collected

(See instructions.) **22** 0.00

23 Total tax and surcharge due

(Add Lines 20, 21 and 22.) **23** 1,381.00

24 Credit amount

(See instructions.) **24** 0.00

25 Payment due

(Subtract Line 24 from Line 23.) **25** 1,381.00

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.

PHILIP C ADAMS 217-442-9519 04/10/2012
 Taxpayer Phone Date

PAT OWENS 217-442-1643 04/10/2012
 Preparer Phone Date

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE, IL 61834-5848

CONFIRMATION NUMBER: 12SWF000144348

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	1,406.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	4	0.00
5	Interstate commerce	5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	6	0.00
7	Farm machinery and equipment	7	0.00
8	Graphic arts machinery and equipment	8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	0.00
10	Enterprise zone		
a	Sales of building materials	10a	0.00
b	Sales of items other than building materials	10b	0.00
11	High impact business		
a	Sales of building materials	11a	0.00
b	Sales of items other than building materials	11b	0.00
12	River edge redevelopment zone building materials	12	0.00
13	Exempt organizations	13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15.	16	1,406.00

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>			
17	Gasoline	17a	0.000	x	.1900 = 17b	0.00
18	Gasohol and majority blended ethanol	18a	0.000	x	.1900 = 18b	0.00
19	Diesel (including biodiesel and biodiesel blends)	19a	0.000	x	.2150 = 19b	0.00
20	Dieselhol	20a	0.000	x	.2150 = 20b	0.00
21	Other special fuels	21a	0.000	x	.1900 = 21b	0.00
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>			
22	Gasohol	22a	0.00	x	.2000 = 22b	0.00
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a	0.00	x	.2000 = 23b	0.00
24	Biodiesel blend (1 - 89 percent petroleum-based product)	24a	0.00	x	1.0000 = 24b	0.00
25	100 percent biodiesel	25a	0.00	x	1.0000 = 25b	0.00
26	Majority blended ethanol fuel	26a	0.00	x	1.0000 = 26b	0.00
27	Other motor fuel deductions _____				27	0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.				28	0.00

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	1,406.00
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Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service					
	Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1			0.00	
Figure your breakdown of retail transactions for Chicago locations						
2	For Chicago locations	2a	0.00	x	.0700 = 2b	0.00
3	For Chicago locations at prior rates	3a	0.00		3b	0.00
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.				4	0.00
Figure your breakdown of retail transactions for non-Chicago locations						
5	For non-Chicago locations	5a	0.00	x	.0150 = 5b	0.00
6	For non-Chicago locations at prior rates	6a	0.00		6b	0.00
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.				7	0.00
Figure your net E911 Surcharge						
8	Total E911 Surcharge. Add Lines 4 and 7.				8	0.00
9	If you filed and paid by the due date, multiply Line 8 by .0500				9	0.00
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.				10	0.00

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Illinois Department of Revenue

ST-1 Sales and Use Tax and E911 Surcharge Return (R-9/11)

**DO NOT MAIL
INTERNET FILED RETURN**

Account ID 0973-2764 This form is for: February 2012

This form is due: 03/20/2012

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) 2,443.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) **1** 26,779.00
2 Deductions - include tax collected
(From Schedule A, Line 29.) **2** 1,634.00
3 Taxable receipts
(Subtract Line 2 from Line 1.) **3** 25,145.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise
4a 25,145.00 x .0650 = **4b** 1,634.00
 Food, drugs, and medical appliances
5a 0.00 x .0100 = **5b** 0.00

Sales from locations outside Illinois

General merchandise
6a 0.00 x .0625 = **6b** 0.00
 Food, drugs, and medical appliances
7a 0.00 x .0100 = **7b** 0.00

Sales at prior rates

Receipts taxed at other rates
8a 0.00 **8b** 0.00
9 Tax due on receipts
(Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** 1,634.00

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

10 If you filed and paid by the due date,
multiply Line 9 by .0175 **10** 29.00
11 Net tax due on receipts
(Subtract Line 10 from Line 9.) **11** 1,605.00

Step 5: Tax on Purchases

General merchandise
12a 0.00 x .0625 = **12b** 0.00
 Food, drugs, and medical appliances
13a 0.00 x .0100 = **13b** 0.00
 Purchases at other rates
14a 0.00 **14b** 0.00
15 Tax due on purchases
(Add Lines 12b, 13b, and 14b.) **15** 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases
(Add Lines 11 and 15) **16** 1,605.00
16a Manufacturer's Purchase Credit
(See instructions.) **16a** 0.00
17 Prepaid sales tax
(Attach PST-2 copy A.) **17** 0.00
18 Quarter-monthly payments
(Paid on Form RR-3 or by EFT) **18** 0.00
19 Total prepayments
(Add Lines 16a, 17, and 18.) **19** 0.00
20 Net tax due
(Subtract Line 19 from Line 16.) **20** 1,605.00

Step 7: Payment Due

21 E911 Surcharge
(From Schedule B, Line 10.) **21** 0.00
22 Excess tax and excess surcharge collected
(See instructions.) **22** 0.00
23 Total tax and surcharge due
(Add Lines 20, 21 and 22.) **23** 1,605.00
24 Credit amount
(See instructions.) **24** 0.00
25 Payment due
(Subtract Line 24 from Line 23.) **25** 1,605.00

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.

PHILIP C. ADAMS 217-442-9519 03/19/2012
 Taxpayer Phone Date
 PAT OWENS 217-442-1643 03/19/2012
 Preparer Phone Date

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE, IL 61834-5848

CONFIRMATION NUMBER: 12SWF000104859

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	1,634.00
2	Taxes collected on food, drugs, and medical appliances sales and service	2	0.00
3	E911 surcharge collected	3	0.00
4	Resale	4	0.00
5	Interstate commerce	5	0.00
6	Manufacturing machinery and equipment (including photoprocessing)	6	0.00
7	Farm machinery and equipment	7	0.00
8	Graphic arts machinery and equipment	8	0.00
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	9	0.00
10	Enterprise zone		
a	Sales of building materials	10a	0.00
b	Sales of items other than building materials	10b	0.00
11	High impact business		
a	Sales of building materials	11a	0.00
b	Sales of items other than building materials	11b	0.00
12	River edge redevelopment zone building materials	12	0.00
13	Exempt organizations	13	0.00
14	Sales of service - identify here _____	14	0.00
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	0.00
16	Total Section 1 deductions. Add Lines 1 through 15.	16	1,634.00

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

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a	0.000	x .1900 =	17b 0.00
18	Gasohol and majority blended ethanol	18a	0.000	x .1900 =	18b 0.00
19	Diesel (including biodiesel and biodiesel blends)	19a	0.000	x .2150 =	19b 0.00
20	Dieselhol	20a	0.000	x .2150 =	20b 0.00
21	Other special fuels	21a	0.000	x .1900 =	21b 0.00
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a	0.00	x .2000 =	22b 0.00
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a	0.00	x .2000 =	23b 0.00
24	Biodiesel blend (1- 89 percent petroleum-based product)	24a	0.00	x 1.0000 =	24b 0.00
25	100 percent biodiesel	25a	0.00	x 1.0000 =	25b 0.00
26	Majority blended ethanol fuel	26a	0.00	x 1.0000 =	26b 0.00
27	Other motor fuel deductions _____				27 0.00
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.				28 0.00

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	1,634.00
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Schedule B — E911 Surcharge

1	Receipts from retail transactions of prepaid wireless telecommunications service Do not include E911 Surcharge collected from customers or receipts from exempt sales.	1	0.00
Figure your breakdown of retail transactions for Chicago locations			
2	For Chicago locations	2a	0.00 x .0700 =
3	For Chicago locations at prior rates	3a	0.00
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4	0.00
Figure your breakdown of retail transactions for non-Chicago locations			
5	For non-Chicago locations	5a	0.00 x .0150 =
6	For non-Chicago locations at prior rates	6a	0.00
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7	0.00
Figure your net E911 Surcharge			
8	Total E911 Surcharge. Add Lines 4 and 7.	8	0.00
9	If you filed and paid by the due date, multiply Line 8 by .0500	9	0.00
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.	10	0.00

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Illinois Department of Revenue

DO NOT MAIL
INTERNET FILED RETURN

ST-1 Sales and Use Tax and E911 Surcharge Return (R-9/11)

Account ID 0973-2764 This form is for: January 2012

This form is due: 02/21/2012

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) 3,284.00

Step 2: Taxable Receipts

1 Total receipts (Include tax.) 1 24,163.00
 2 Deductions - include tax collected (From Schedule A, Line 29.) 2 1,475.00
 3 Taxable receipts (Subtract Line 2 from Line 1.) 3 22,688.00

Step 3: Tax on Receipts

Sales from locations within Illinois

General merchandise
 4a 22,688.00 x .0650 = 4b 1,475.00
 Food, drugs, and medical appliances
 5a 0.00 x .0100 = 5b 0.00

Sales from locations outside Illinois

General merchandise
 6a 0.00 x .0625 = 6b 0.00
 Food, drugs, and medical appliances
 7a 0.00 x .0100 = 7b 0.00

Sales at prior rates

Receipts taxed at other rates
 8a 0.00 8b 0.00
 9 Tax due on receipts (Add Lines 4b, 5b, 6b, 7b, and 8b.) 9 1,475.00

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

10 If you filed and paid by the due date, multiply Line 9 by .0175 10 26.00
 11 Net tax due on receipts (Subtract Line 10 from Line 9) 11 1,449.00

Step 5: Tax on Purchases

General merchandise
 12a 0.00 x .0625 = 12b 0.00
 Food, drugs, and medical appliances
 13a 0.00 x .0100 = 13b 0.00
 Purchases at other rates
 14a 0.00 14b 0.00
 15 Tax due on purchases (Add Lines 12b, 13b, and 14b) 15 0.00

Step 6: Net Tax Due

16 Tax due from receipts and purchases (Add Lines 11 and 15.) 16 1,449.00
 16a Manufacturer's Purchase Credit (See instructions.) 16a 0.00
 17 Prepaid sales tax (Attach PST-2 copy A.) 17 0.00
 18 Quarter-monthly payments (Paid on Form RR-3 or by EFT) 18 0.00
 19 Total prepayments (Add Lines 16a, 17, and 18) 19 0.00
 20 Net tax due (Subtract Line 19 from Line 16.) 20 1,449.00

Step 7: Payment Due

21 E911 Surcharge (From Schedule B, Line 10.) 21 0.00
 22 Excess tax and excess surcharge collected (See instructions.) 22 0.00
 23 Total tax and surcharge due (Add Lines 20, 21 and 22.) 23 1,449.00
 24 Credit amount (See instructions.) 24 0.00
 25 Payment due (Subtract Line 24 from Line 23.) 25 1,449.00

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.

PHILIP C ADAMS 217-442-9519 02/16/2012
 Taxpayer Phone Date
 PAT OWENS 217-442-1643 02/16/2012
 Preparer Phone Date

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE, IL 61834-5848

CONFIRMATION NUMBER: 12SWF000029648

Schedule A — Deductions

Section 1: Taxes and miscellaneous deductions - If no Section 1 deductions, go to Section 2.

Table with 16 rows listing various deductions such as taxes on general merchandise, food, and medical appliances, and other miscellaneous items. Total Section 1 deductions are 1,475.00.

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

Table for motor fuel deductions divided into State motor fuel tax (gasoline, ethanol, diesel) and Specific fuels sales tax exemption (gasohol, biodiesel). Total Section 2 deductions are 0.00.

Section 3: Total deductions

Line 29: Add Lines 16 and 28. Total amount: 1,475.00.

Schedule B — E911 Surcharge

Table for E911 Surcharge calculation. Includes receipts from retail transactions for Chicago and non-Chicago locations. Total E911 Surcharge is 0.00.

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Illinois Sales and Use Tax TeleFile Worksheet

IBT no. 0973-2764

This form is for December 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780
- 2 Enter your IBT no. when prompted by the TeleFile system
- 3 Enter your PIN when prompted by the TeleFile system

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A 4199.00
 Note: Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

1 Total receipts (include tax) 1 26716.00
 2 Deductions — include tax collected (Use the worksheet in the instructions) 2 1631.00
 3 Taxable receipts 3 25085.00

Step 3: Tax on Receipts

Sales from locations within Illinois

4a General merchandise receipts 4a 25085.00
 4b Tax on general merchandise — Line 4a x your tax rate of .0650 4b 1631.00
 5a Food, drugs, and medical appliances receipts 5a 0.00
 5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100 5b 0.00

Sales from locations outside Illinois

6a General merchandise receipts 6a 0.00
 6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625) 6b 0.00
 7a Food, drugs, and medical appliances receipts 7a 0.00
 7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01) 7b 0.00

Sales at prior rates

8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.) 8a 0.00
 8b Tax on receipts at other rates 8b 0.00

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b 9 1631.00

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

10 Discount — Line 9 x 1.75 percent (.0175) 10 29.00
 If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.

11 Net tax due on receipts — Line 9 - Line 10 11 1602.00

Column B
(Amounts from TeleFile system)

3 25085.00

4b 1631.00

5b 0.00

6b 0.00

7b 0.00

8b 0.00

9 1631.00

10 29.00

11 1602.00

Turn the page to continue.

ST-1-T (Form IN-8/03)

ST-1-T TeleFile Payment (IN-8/03)

This form is for December 2011
 This form is due January 20, 2011
 IBT no. 0973-2764

Write the amount you are paying.

\$ 1602.00

Write your check and send your payment to

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

MOON-GLO INC
 3124 PERRYSVILLE RD
 DANVILLE IL 61834-5848

Step 5: Tax on Purchases

	Column A (Complete before you call)	Column B (Amounts from TeleFile system)
12a General merchandise purchases	12a _____ 00	12b _____ 00
12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____ 00	13b _____ 00
13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases — Line 12b + Line 13b		15 _____ 00
Step 6: Net Tax Due		
16 Tax due from receipts and purchases — Line 11 + Line 15		16 _____ 1602.00
17 Prepaid sales tax (Line 17 is not accepted by TeleFile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.)	18 _____	
19 Prior overpayment	19 _____	
20 Total prepayments		20 _____
21 Net tax due		21 _____
Step 7: Payment Due		
22 Excess tax collected (Line 22 is not accepted by TeleFile)	22 _____	
23 Total tax due		23 _____
24 Credit memorandum (Line 24 is not accepted by TeleFile.)	24 _____	
25 Payment due — Line 16 - Line 19		25 _____ 1602.00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

- 1 Confirmation number: _____
- 2 Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g., 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

- 1 Amount paid: \$ _____ | 00
- 2 Debit date: ____/____/____
- 3 Confirmation number: _____

Paper check option

- 1 Amount paid: \$ 1602.00
- 2 Check number: 6076

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center. IL 492-4363

Illinois Sales and Use Tax TeleFile Worksheet

IBT no. 0973-2764

This form is for November, 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1730.
- 2 Enter your IBT no. when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 Information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A
 Note: Distributors will also report your total liquor purchases to us.

Column A
 (Complete before you call)
2928 00

Column B
 (Amounts from TeleFile system)

Step 2: Taxable Receipts

- 1 Total receipts (include tax) 23194.00
- 2 Deductions — include tax collected (Use the worksheet in the instructions) 1416.00
- 3 Taxable receipts

21778.00

Step 3: Tax on Receipts

Sales from locations within Illinois

- 4a General merchandise receipts 21778 00
- 4b Tax on general merchandise — Line 4a x your tax rate of .0650
- 5a Food, drugs, and medical appliances receipts 00
- 5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100

1416.00

00

Sales from locations outside Illinois

- 6a General merchandise receipts 00
- 6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625)
- 7a Food, drugs, and medical appliances receipts 00
- 7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01)

00

00

Sales at prior rates

- 8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.) 00
- 8b Tax on receipts at other rates 00

00

- 9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b

1416.00

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

- 10 Discount — Line 9 x 1.75 percent (.0175)
 If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount

25.00

- 11 Net tax due on receipts — Line 9 - Line 10

1391.00

Turn the page to continue.

ST-1-T TeleFile Payment (IN-8/03)

This form is for November, 2011

This form is due December 20, 2011

IBT no.: 0973-2764

Write the amount you are paying.

\$ 1391.00

Write your check and send your payment to

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

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE IL 61834-5848

Step 5: Tax on Purchase

	Column A (Complete before you call)	Column B (Amounts from TeleFile system)
12a General merchandise purchases	12a _____ 00	12b _____ 00
12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____ 00	13b _____ 00
13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases — Line 12b + Line 13b		15 _____ 00

Step 6: Net Tax Due

16 Tax due from receipts and purchases — Line 11 + Line 15		16 1391.00
17 Prepaid sales tax (Line 17 is not accepted by TeleFile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.)	18 _____	
19 Prior overpayment	19 _____	
20 Total prepayments		20 _____
21 Net tax due		21 _____

Step 7: Payment Due

22 Excess tax collected (Line 22 is not accepted by TeleFile.)	22 _____	
23 Total tax due		23 _____
24 Credit memorandum (Line 24 is not accepted by TeleFile.)	24 _____	
25 Payment due — Line 16 - Line 19		25 1391.00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

- 1 Confirmation number: _____
- 2 Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants. When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g. 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

- 1 Amount paid: \$ _____ 00
- 2 Debit date: ____/____/____
- 3 Confirmation number: _____

Paper check option

- 1 Amount paid: \$ 1391.00
- 2 Check number: 6672

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center. IL 492-4363.

Illinois Sales and Use Tax TeleFile Worksheet

IBT no. 0973-2764

This form is for October, 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780.
- 2 Enter your IBT no. when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A 2877 00
 Note: Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

1 Total receipts (include tax) 1 21344 00
 2 Deductions — include tax collected (Use the worksheet in the instructions) 2 1303 00
 3 Taxable receipts 3 20041 00

Step 3: Tax on Receipts

Sales from locations within Illinois

4a General merchandise receipts 4a 20041 00
 4b Tax on general merchandise — Line 4a x your tax rate of .0650 4b 1303 00
 5a Food, drugs, and medical appliances receipts 5a 00
 5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100 5b 00

Sales from locations outside Illinois

6a General merchandise receipts 6a 00
 6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625) 6b 00
 7a Food, drugs, and medical appliances receipts 7a 00
 7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01) 7b 00

Sales at prior rates

8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.) 8a 00
 8b Tax on receipts at other rates 8b 00

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b 9 1303 00

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

10 Discount — Line 9 x 1.75 percent (.0175)
 If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.

11 Net tax due on receipts — Line 9 - Line 10 11 1280 00

Column A (Complete before you call)	Column B (Amounts from TeleFile system)
<u>2877 00</u>	
<u>21344 00</u>	<u>20041 00</u>
<u>1303 00</u>	<u>1303 00</u>
	<u>00</u>
	<u>1303 00</u>
	<u>23 00</u>
	<u>1280 00</u>

Turn the page to continue.

T-1-T front (N-8/03)

ST-1-T TeleFile Payment (N-8/03)

This form is for October, 2011

This form is due Nov. 20, 2011

IBT no.: 0973-2764

Write the amount you are paying.

\$ 1280 00

Write your check and send your payment to

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

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE IL 61834-5848

Step 5: Tax on Purchases

	Column A (Complete before you call)	Column B (Amounts from TeleFile system)
12a General merchandise purchases	12a _____ 00	12b _____ 00
12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____ 00	13b _____ 00
13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile.)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases — Line 12b + Line 13b		15 _____ 00
Step 6: Net Tax Due		
16 Tax due from receipts and purchases — Line 11 + Line 15		16 _____ 1280.00
17 Prepaid sales tax (Line 17 is not accepted by TeleFile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.)	18 _____	
19 Prior overpayment	19 _____	
20 Total prepayments		20 _____
21 Net tax due		21 _____
Step 7: Payment Due		
22 Excess tax collected (Line 22 is not accepted by TeleFile.)	22 _____	
23 Total tax due		23 _____
24 Credit memorandum (Line 24 is not accepted by TeleFile.)	24 _____	
25 Payment due — Line 16 - Line 19		25 _____ 1280.00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

- 1 Confirmation number: _____
- 2 Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date, all single-digit months must begin with a zero (e.g., 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

- 1 Amount paid: \$ _____ 00
- 2 Debit date: ____/____/____
- 3 Confirmation number: _____

Paper check option

- 1 Amount paid: \$ _____ 1280.00
- 2 Check number: _____

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center, IL 492-4363.

Illinois Sales and Use Tax TeleFile Worksheet

IBT no. 0973-2764

This form is for September, 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780.
- 2 Enter your IBT no. when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A

Column A
(Complete before you call)
3638 00

Column B
(Amounts from TeleFile system)

Note: Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

- 1 Total receipts (include tax) 1 26421 00
- 2 Deductions — include tax collected (Use the worksheet in the instructions) 2 1613 00
- 3 Taxable receipts 3 24808 00

Step 3: Tax on Receipts

Sales from locations within Illinois

- 4a General merchandise receipts 4a 24808 00
- 4b Tax on general merchandise — Line 4a x your tax rate of .0650 4b 1613 00
- 5a Food, drugs, and medical appliances receipts 5a 00 00
- 5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100 5b 00 00

Sales from locations outside Illinois

- 6a General merchandise receipts 6a 00 00
- 6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625) 6b 00 00
- 7a Food, drugs, and medical appliances receipts 7a 00 00
- 7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01) 7b 00 00

Sales at prior rates

- 8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.) 8a 00 00
- 8b Tax on receipts at other rates 8b 00 00

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b 9 1613 00

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

- 10 Discount — Line 9 x 1.75 percent (.0175) 10 28 00
- If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.

11 Net tax due on receipts — Line 9 - Line 10 11 1585 00

Turn the page to continue.

ST-1-T front (N-8/03)

ST-1-T TeleFile Payment (N-8/03)

This form is for September
This form is due October 20, 2011

IBT no.: 0973-2764

Write the amount you are paying.

\$ 1585.00

Write your check and send your payment to

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

MOON-GLO INC
3124 PERRYVILLE RD
DANVILLE IL 61834-5848

Step 5: Tax on Purchases

Column A
(Complete before you call)

Column B
(Amounts from TeleFile system)

12a General merchandise purchases 12a _____ | 00
 12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)
 13a Food, drugs, and medical appliances purchases 13a _____ | 00
 13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)
 14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile.) 14a _____
 14b Tax on general merchandise purchases
 15 Tax due on purchases — Line 12b + Line 13b

12b _____ | 00
 13b _____ | 00
 14b _____
 15 _____ | 00

Step 6: Net Tax Due

16 Tax due from receipts and purchases — Line 11 + Line 15
 17 Prepaid sales tax (Line 17 is not accepted by TeleFile.) 17 _____
 18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.) 18 _____
 19 Prior overpayment 19 _____
 20 Total prepayments
 21 Net tax due

16 1585 00
 20 _____
 21 _____

Step 7: Payment Due

22 Excess tax collected (Line 22 is not accepted by TeleFile.) 22 _____
 23 Total tax due 23 _____
 24 Credit memorandum (Line 24 is not accepted by TeleFile.) 24 _____
 25 Payment due — Line 16 - Line 19

23 _____
 25 1585 00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

1. Confirmation number: _____
2. Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g., 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

1. Amount paid: \$ _____ | 00
2. Debit date: ____/____/____
3. Confirmation number: _____

Paper check option

1. Amount paid: \$ 1585.00
2. Check number: _____

This form is authorized by the Illinois Retailers' Occupation and Related Tax Act. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center, IL 492-4363

Illinois Sales and Use Tax TeleFile Worksheet

IBT no 0973-2764

This form is for August, 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780.
- 2 Enter your IBT no. when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A
 Note: Distributors will also report your total liquor purchases to us.

Column A
 (Complete before you call)
 2835 00

Column B
 (Amounts from TeleFile system)

Step 2: Taxable Receipts

- 1 Total receipts (include tax) 1
- 2 Deductions — include tax collected (Use the worksheet in the instructions) 2
- 3 Taxable receipts

26639 00
 1626 00

3 25013 00

Step 3: Tax on Receipts

Sales from locations within Illinois

- 4a General merchandise receipts 4a
- 4b Tax on general merchandise — Line 4a x your tax rate of .0650
- 5a Food, drugs, and medical appliances receipts 5a
- 5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100

25013 00

4b 1626 00

00

5b 00

Sales from locations outside Illinois

- 6a General merchandise receipts 6a
- 6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625)
- 7a Food, drugs, and medical appliances receipts 7a
- 7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01)

00

6b 00

00

7b 00

Sales at prior rates

- 8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.) 8a
- 8b Tax on receipts at other rates

[Redacted]

8b [Redacted]

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b

9 1626 00

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

10 Discount — Line 9 x 1.75 percent (.0175)
 If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.

10 28 00

11 Net tax due on receipts — Line 9 - Line 10

11 1598 00

Turn the page to continue.

E-1-T front (N-8/03)

ST-1-T TeleFile Payment (N-8/03)

This form is for

This form is due

IBT no. 0973-2764

Write the amount you are paying

\$ 1598 00

Write your check and send your payment to

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

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE IL 61834-5848

Step 5: Tax on Purchases

	Column A (Complete before you call)	Column B (Amounts from TeleFile system)
12a General merchandise purchases	12a _____ 00	12b _____ 00
12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____ 00	13b _____ 00
13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile.)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases — Line 12b + Line 13b.		15 _____ 00
Step 6: Net Tax Due		
16 Tax due from receipts and purchases — Line 11 + Line 15		16 1598 00
17 Prepaid sales tax (Line 17 is not accepted by TeleFile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.)	18 _____	
19 Prior overpayment	19 _____	
20 Total prepayments		20 _____
21 Net tax due		21 _____
Step 7: Payment Due		
22 Excess tax collected (Line 22 is not accepted by TeleFile.)	22 _____	23 _____
23 Total tax due		
24 Credit memorandum (Line 24 is not accepted by TeleFile.)	24 _____	25 1598 00
25 Payment due — Line 16 - Line 19		

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

- 1 Confirmation number: _____
- 2 Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g., 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

- EFT debit option**
- 1 Amount paid: \$ _____ | 00
 - 2 Debit date: ____/____/____
 - 3 Confirmation number: _____

- Paper check option**
- 1 Amount paid: \$ 1598 - 00
 - 2 Check number: _____

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center. IL 492-4363

Illinois Sales and Use Tax TeleFile Worksheet

IBT no 0973-2764

This form is for July 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records

First - Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780
- 2 Enter your IBT no. when prompted by the TeleFile system
- 3 Enter your PIN when prompted by the TeleFile system

Your PIN: 1 5 2 1

Second - Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A
 Note: Distributors will also report your total liquor purchases to us

Column A
 (Complete before you call)
2250 00

Column B
 (Amounts from TeleFile system)

Step 2: Taxable Receipts

- 1 Total receipts (include tax) 1 30025 00
- 2 Deductions — include tax collected (Use the worksheet in the instructions) 2 1832 00
- 3 Taxable receipts

3 28193 00

Step 3: Tax on Receipts

Sales from locations within Illinois

4a General merchandise receipts 4a 28193 00

4b Tax on general merchandise — Line 4a x your tax rate of .0650

4b 1832 00

5a Food, drugs, and medical appliances receipts 5a 00

5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100

5b 00

Sales from locations outside Illinois

6a General merchandise receipts 6a 00

6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625)

6b 00

7a Food, drugs, and medical appliances receipts 7a 00

7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01)

7b 00

Sales at prior rates

8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.) 8a 00

8b Tax on receipts at other rates

8b 00

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b

9 1832 00

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

10 Discount — Line 9 x 1.75 percent (.0175)

If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.

10 32 00

11 Net tax due on receipts — Line 9 - Line 10

11 1800 00

Turn the page to continue.

ST-1-T form (N-8/03)

ST-1-T TeleFile Payment (N-8/03)

This form is for July 2011

This form is due Aug. 22, 2011

IBT no: 0973-2764

Write the amount you are paying

\$ 1800 00

Write your check and send your payment to

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

MOON-GLO INC
 3124 PERRYSVILLE RD
 DANVILLE IL 61834-5848

Step 5: Tax on Purchases

	Column A (Complete before you call)	Column B (Amounts from TeleFile system)
12a General merchandise purchases	12a _____ 00	12b _____ 00
12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____ 00	13b _____ 00
13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile.)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases — Line 12b + Line 13b		15 _____ 00
Step 6: Net Tax Due		
16 Tax due from receipts and purchases — Line 11 + Line 15		16 1800 00
17 Prepaid sales tax (Line 17 is not accepted by TeleFile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.)	18 _____	
19 Prior overpayment	19 _____	
20 Total prepayments		20 _____
21 Net tax due		21 _____
Step 7: Payment Due		
22 Excess tax collected (Line 22 is not accepted by TeleFile.)	22 _____	
23 Total tax due		23 _____
24 Credit memorandum (Line 24 is not accepted by TeleFile.)	24 _____	
25 Payment due — Line 16 - Line 19		25 1800 00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

- 1 Confirmation number: _____
- 2 Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g., 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the 3T-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

- 1 Amount paid: \$ _____ 00
- 2 Debit date: ____/____/____
- 3 Confirmation number: _____

Paper check option

- 1 Amount paid: \$ 1800 00
- 2 Check number: 6636

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center, IL 492-4363.

Illinois Sales and Use Tax TeleFile Worksheet

IBT no. 0973-2764

This form is for June, 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780.
- 2 Enter your IBT no. when prompted by the TeleFile system
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A

Column A
(Complete before you call)

3768 00

Column B
(Amounts from TeleFile system)

Note: Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

- 1 Total receipts (include tax) 1
- 2 Deductions — include tax collected (Use the worksheet in the instructions) 2
- 3 Taxable receipts 3

15149 00

925 00

14224 00

Step 3: Tax on Receipts

Sales from locations within Illinois:

- 4a General merchandise receipts 4a
- 4b Tax on general merchandise — Line 4a x your tax rate of .0650
- 5a Food, drugs, and medical appliances receipts 5a
- 5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100

14224 00

925 00

00

00

Sales from locations outside Illinois:

- 6a General merchandise receipts 6a
- 6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625)
- 7a Food, drugs, and medical appliances receipts 7a
- 7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01)

00

00

00

00

Sales at prior rates:

- 8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.) 8a
- 8b Tax on receipts at other rates 8b

00

00

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b

925 00

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

- 10 Discount — Line 9 x 1.75 percent (.0175)
If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.
- 11 Net tax due on receipts — Line 9 - Line 10

00

925 00

Turn the page to continue.

ST-1-T front (N-8/03)

ST-1-T TeleFile Payment (N-8/03)

This form is for June, 2011
This form is due July 20, 2011
IBT no.: 0973-2764

Write the amount you are paying.

\$ 925.00

Write your check and send your payment to

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

MOON-GLO INC
3124 PERRYSVILLE RD
DANVILLE IL 61834-5848

Step 5: Tax on Purchases

Column A
(Complete before you call)

Column B
(Amounts from TeleFile system)

12a General merchandise purchases	12a _____ 00	12b _____ 00
12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____ 00	13b _____ 00
13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile.)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases — Line 12b + Line 13b		15 _____ 00
Step 6: Net Tax Due		
16 Tax due from receipts and purchases — Line 11 + Line 15		16 925 00
17 Prepaid sales tax (Line 17 is not accepted by TeleFile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.)	18 _____	
19 Prior overpayment	19 _____	
20 Total prepayments		20 _____
21 Net tax due		21 _____
Step 7: Payment Due		
22 Excess tax collected (Line 22 is not accepted by TeleFile.)	22 _____	
23 Total tax due		23 _____
24 Credit memorandum (Line 24 is not accepted by TeleFile.)	24 _____	
25 Payment due — Line 16 - Line 19:		25 925 00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

- 1 Confirmation number: _____
- 2 Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date, all single-digit months must begin with a zero (e.g., 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

- 1 Amount paid: \$ _____ 00
- 2 Debit date: ____/____/____
- 3 Confirmation number: _____

Paper check option

- 1 Amount paid: \$ 925.00
- 2 Check number: _____

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center. IL 462-4383

ST-1-T back (N-9/03)

Illinois Sales and Use Tax TeleFile Worksheet

IBT no 0973-2764

This form is for May 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780.
- 2 Enter your IBT no. when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A 4568 00
Note: Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

1 Total receipts (include tax) 1 18633 00
 2 Deductions — include tax collected (Use the worksheet in the instructions.) 2 1137 00
 3 Taxable receipts 3 17496 00

Step 3: Tax on Receipts

Sales from locations within Illinois

4a General merchandise receipts 4a 17496 00
 4b Tax on general merchandise — Line 4a x your tax rate of .0650 4b 1137 00
 5a Food, drugs, and medical appliances receipts 5a 00
 5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100 5b 00

Sales from locations outside Illinois

6a General merchandise receipts 6a 00
 6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625) 6b 00
 7a Food, drugs, and medical appliances receipts 7a 00
 7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01) 7b 00

Sales at prior rates

8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.) 8a
 8b Tax on receipts at other rates 8b

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b 9 1137 00

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

10 Discount — Line 9 x 1.75 percent (.0175) 10 20 00
If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.

11 Net tax due on receipts — Line 9 - Line 10 11 1117 00

	Column A <small>(Complete before you call)</small>	Column B <small>(Amounts from TeleFile system)</small>
	<u>4568 00</u>	
3		<u>17496 00</u>
4b		<u>1137 00</u>
5b		<u>00</u>
6b		<u>00</u>
7b		<u>00</u>
8b		<u> </u>
9		<u>1137 00</u>
10		<u>20 00</u>
11		<u>1117 00</u>

Turn the page to continue.

ST-1-T TeleFile Payment (N-8/03)

This form is for May 2011
 This form is due June 20, 2011
 IBT no 0973-2764

Write the amount you are paying.
 \$ 1117.00

Write your check and send your payment to

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

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE IL 61834-5848

Step 5: Tax on Purchases

	Column A (Complete before you call)	Column B (Amounts from TeleFile system)
12a General merchandise purchases	12a _____ 00	12b _____ 00
12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____ 00	13b _____ 00
13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile.)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases — Line 12b + Line 13b		15 _____ 00
Step 6: Net Tax Due		
16 Tax due from receipts and purchases — Line 11 + Line 15		16 _____ 1117.00
17 Prepaid sales tax (Line 17 is not accepted by TeleFile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.)	18 _____	
19 Prior overpayment	19 _____	
20 Total prepayments		20 _____
21 Net tax due		21 _____
Step 7: Payment Due		
22 Excess tax collected (Line 22 is not accepted by TeleFile.)	22 _____	
23 Total tax due		23 _____
24 Credit memorandum (Line 24 is not accepted by TeleFile.)	24 _____	
25 Payment due — Line 16 - Line 19		25 _____ 1117.00

Third: confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

- 1 Confirmation number: _____
- 2 Date of call: ____/____/____

Note: Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g., 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

- 1 Amount paid: \$ _____ | 00
- 2 Debit date: ____/____/____
- 3 Confirmation number: _____

Paper check option

- 1 Amount paid: \$ _____ | 1117.00
- 2 Check number: _____

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center. IL 492-4363

Illinois Sales and Use Tax TeleFile Worksheet

IBT no. 0973-2764

This form is for April, 2011

F-RIR42701-040390

Do not mail this worksheet. Keep it in your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780.
- 2 Enter your IBT no. when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A

Column A
(Complete before you call)
3294.00

Column B
(Amounts from TeleFile system)

Note: Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

- 1 Total receipts (include tax) 1 16155.00
- 2 Deductions — include tax collected (Use the worksheet in the instructions) 2 986.00
- 3 Taxable receipts

3 15169.00

Step 3: Tax on Receipts

Sales from locations within Illinois

4a General merchandise receipts 4a 15169.00

4b Tax on general merchandise — Line 4a x your tax rate of .0650

4b 986.00

5a Food, drugs, and medical appliances receipts 5a 00

5b Tax on food, drugs, and medical appliances — Line 5a x your tax rate of .0100

5b 00

Sales from locations outside Illinois

6a General merchandise receipts 6a 00

6b Tax on general merchandise — Line 6a x the tax rate of 6.25 percent (.0625)

6b 00

7a Food, drugs, and medical appliances receipts 7a 00

7b Tax on food, drugs, and medical appliances — Line 7a x the tax rate of 1 percent (.01)

7b 00

Sales at prior rates

8a Receipts taxed at other rates (Line 8a is not accepted by TeleFile.) 8a 00

8b Tax on receipts at other rates

8b 00

9 Tax due on receipts — Line 4b + Line 5b + Line 6b + Line 7b

9 986.00

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

10 Discount — Line 9 x 1.75 percent (.0175)

If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.

10 17.00

11 Net tax due on receipts — Line 9 - Line 10

11 969.00

F-1-T front (N-8/03)

Turn the page to continue.

ST-1-T TeleFile Payment (N-8/03)

This form is for April, 2011

This form is due May 20, 2011

IBT no.: 0973-2764

Write the amount you are paying.

\$ 969.00

Write your check and send your payment to

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

MOON-GLO INC
3124 PERRYSVILLE RD
DANVILLE IL 61834-5848

Step 5: Tax on Purchases

	Column A (Complete before you call)	Column B (Amounts from TeleFile system)
12a General merchandise purchases	12a _____, 00	12b _____, 00
12b Tax on general merchandise purchases — Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____, 00	13b _____, 00
13b Tax on food, drugs, and medical appliances purchases — Line 13a x the tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by TeleFile.)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases — Line 12b + Line 13b		15 _____, 00
Step 6: Net Tax Due		
16 Tax due from receipts and purchases — Line 11 + Line 15		16 _____, 969 00
17 Prepaid sales tax (Line 17 is not accepted by TeleFile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by TeleFile.)	18 _____	
19 Prior overpayment	19 _____	
20 Total prepayments		20 _____
21 Net tax due		21 _____
Step 7: Payment Due		
22 Excess tax collected (Line 22 is not accepted by TeleFile.)	22 _____	
23 Total tax due		23 _____
24 Credit memorandum (Line 24 is not accepted by TeleFile.)	24 _____	
25 Payment due — Line 16 - Line 19		25 _____, 969 00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number.

1 Confirmation number: _____

2 Date of call: ____/____/____

Note: Press "S" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g., 01/01/04).

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the 3T-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option:

1 Amount paid: \$ _____, 00

2 Debit date: ____/____/____

3 Confirmation number: _____

Paper check option

1 Amount paid: \$ _____, 969 00

2 Check number: _____ 6597

This form is authorized by the Illinois Retailers' Occupation and Related Tax Act's. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by the Forms Management Center, IL 492-4363

T-1-T back (N-8/03)

Illinois Sales and Use Tax TeleFile Worksheet

Account ID: 0973-2764

This form is for: March 1, 2011 - March 31, 2011

Do not mail this worksheet. Keep it for your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780
- 2 Enter your Account ID (IBT no.) when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

- A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) **A**
- Note: Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

- 1 Total receipts (include tax)
- 2 Deductions (Use the worksheet in the instructions.)
- 3 Taxable receipts

Step 3: Tax on Receipts

Sales from locations within Illinois

- 4a General merchandise receipts **4a**
- 4b Tax on general merchandise - Line 4a x your tax rate of 0.065
- 5a Food, drugs, and medical appliances receipts **5a**
- 5b Tax on food, drugs, and medical appliances - Line 5a x your tax rate of 0.01

Sales from locations outside Illinois

- 6a General merchandise receipts **6a**
- 6b Tax on general merchandise - Line 6a x the tax rate of 6.25 percent (0.0625)
- 7a Food, drugs, and medical appliances receipts **7a**
- 7b Tax on food, drugs, and medical appliances - Line 7a x your tax rate of 1 percent (0.01)

Sales at prior rates

- 8a Receipts taxed at other rates (Line 8a is not accepted by Telefile.) **8a**
- 8b Tax on receipts at other rates **8b**
- 9 Tax due on receipts - Line 4b + Line 5b + Line 6b + Line 7b

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

- 10 Discount - Line 9 x 1.75 percent (.0175)
If you file and pay in full by the due date and want to claim your retailer's discount, press *1 when prompted by TeleFile. TeleFile will calculate your discount.
- 11 Net tax due on receipts - Line 9 - Line 10

Column A (Complete before you call)	Column B (Amounts from TeleFile system)
A <u>3561</u> <u>00</u>	
1 <u>15099</u> <u>00</u>	
2 <u>922</u> <u>00</u>	
	3 <u>14177</u> <u>00</u>
4a <u>14177</u> <u>00</u>	4b <u>922</u> <u>00</u>
5a _____ <u>00</u>	5b _____ <u>00</u>
6a _____ <u>00</u>	6b _____ <u>00</u>
7a _____ <u>00</u>	7b _____ <u>00</u>
8a _____	8b _____
	9 <u>922</u> <u>00</u>
	10 <u>16</u> <u>00</u>
	11 <u>906</u> <u>00</u>

Turn the page to continue.

ST-1-T front (R-9/08)

ST-1-T TeleFile Payment (R-9/08)

This form is for the period ending: March 1, 2011 - March 31, 2011
 This payment is due: April 20, 2011
 Account ID (IBT number): 0973-2764

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE IL 61834-5848

Write the amount you are paying.

\$ 906.00

Write your remittance and send your payment to

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

Step 5: Tax on Purchases

	Column A (Complete before you call)	Column B (Amounts from TeleFile system)
12a General merchandise purchases	12a _____ 00	12b _____ 00
12b Tax on general merchandise purchases -- Line 12a x the tax rate of 6.25 percent (.0625)		
13a Food, drugs, and medical appliances purchases	13a _____ 00	13b _____ 00
13b Tax on food, drugs, and medical appliances purchases -- Line 13a x your tax rate of 1 percent (.01)		
14a Purchases taxed at other rates (Line 14a is not accepted by Telefile.)	14a _____	14b _____
14b Tax on general merchandise purchases		
15 Tax due on purchases -- Line 12b + Line 13b		15 _____ 00

Step 6: Net Tax Due

16 Tax due from receipts and purchases -- Line 11 + Line 15		16 _____ 906 00
16a Manufacturer's Purchase Credit (Line 16a is not accepted by Telefile.)	16a _____	
17 Prepaid sales tax (Line 17 is not accepted by Telefile.)	17 _____	
18 Quarter-monthly payments (Line 18 is not accepted by Telefile.)	18 _____	
19 Prior overpayment	19 _____ 00	20 _____
20 Total prepayments		21 _____
21 Net tax due		

Step 7: Payment Due

22 Excess tax collected (Line 22 is not accepted by Telefile.)	22 _____	
23 Total tax due		23 _____
24 Credit memorandum (Line 24 is not accepted by Telefile.)	24 _____	
25 Payment due -- Line 16 - Line 19		25 _____ 906 00

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number. Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

- 1 Confirmation number: _____
- 2 Date of call: ___ / ___ / _____

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g., 01/01/04)

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

- 1 Amount paid: \$ _____ | 00
- 2 Debit date: ___ / ___ / _____
- 3 Confirmation number: _____

Paper check option

- 1 Amount paid: \$ _____ 906 | 00
- 2 Check number: _____

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by Forms Management Center. IL 492-4363

Illinois Sales and Use Tax TeleFile Worksheet

Account ID: 0973-2764

This form is for: February 1, 2011 - February 28, 2011

Do not mail this worksheet. Keep it for your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780
- 2 Enter your Account ID (IBT no.) when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: 1 5 2 1

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

- A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) A
- Note:** Distributors will also report your total liquor purchases to us.

Step 2: Taxable Receipts

- 1 Total receipts (include tax)
- 2 Deductions (Use the worksheet in the instructions.)
- 3 Taxable receipts

Step 3: Tax on Receipts

Sales from locations within Illinois

- 4a General merchandise receipts
- 4b Tax on general merchandise - Line 4a x your tax rate of 0.065
- 5a Food, drugs, and medical appliances receipts
- 5b Tax on food, drugs, and medical appliances - Line 5a x your tax rate of 0.01

Sales from locations outside Illinois

- 6a General merchandise receipts
- 6b Tax on general merchandise - Line 6a x the tax rate of 6.25 percent (0.0625)
- 7a Food, drugs, and medical appliances receipts
- 7b Tax on food, drugs, and medical appliances - Line 7a x your tax rate of 1 percent (0.01)

Sales at prior rates

- 8a Receipts taxed at other rates (Line 8a is not accepted by Telefile.)
- 8b Tax on receipts at other rates

- 9 Tax due on receipts - Line 4b + Line 5b + Line 6b + Line 7b

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

- 10 Discount - Line 9 x 1.75 percent (.0175)
If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.
- 11 Net tax due on receipts - Line 9 - Line 10

Column A (Complete before you call)	Column B (Amounts from TeleFile system)
A <u>2159</u> <u>00</u>	
1 <u>17456</u> <u>00</u>	
2 <u>1065</u> <u>00</u>	3 <u>16391</u> <u>00</u>
4a <u>16391</u> <u>00</u>	4b <u>1065</u> <u>00</u>
5a _____ <u>00</u>	5b _____ <u>00</u>
6a _____ <u>00</u>	6b _____ <u>00</u>
7a _____ <u>00</u>	7b _____ <u>00</u>
8a XXXXXXXXXX	8b XXXXXXXXXX
	9 <u>1065</u> <u>00</u>
	10 <u>19</u> <u>00</u>
	11 <u>1046</u> <u>00</u>

Turn the page to continue.

ST-1-T front (R-9/08)

ST-1-T TeleFile Payment (R-9/08)

This form is for the period ending: February 1, 2011 - February 28, 2011
 This payment is due: March 21, 2011
 Account ID (IBT number): 0973-2764

MOON-GLO INC
 3124 PERRYVILLE RD
 DANVILLE IL 61834-5848

Write the amount you are paying.
 \$ 1046.00

Write your remittance and send your payment to
 ILLINOIS DEPARTMENT OF REVENUE
 RETAILERS OCCUPATION TAX
 SPRINGFIELD IL 62796-0001

00201021188881 09732764

P-004156

Illinois Sales and Use Tax TeleFile Worksheet

Account ID: 0973-2764

This form is for: January 1, 2011 - January 31, 2011

Do not mail this worksheet. Keep it for your records.

First: Access the TeleFile system

- 1 Complete Column A, then dial 1 888 455-1780
- 2 Enter your Account ID (IBT no.) when prompted by the TeleFile system.
- 3 Enter your PIN when prompted by the TeleFile system.

Your PIN: <u> 1 </u> <u> 5 </u> <u> 2 </u> <u> 1 </u>

Second: Enter your Form ST-1 information

Step 1: Alcoholic Liquor Purchases

- A** Total dollar amount of alcoholic liquor purchased (invoiced and delivered) **A**
- Note: Distributors will also report your total liquor purchases to us.*

Column A (Complete before you call)
2433 00

Column B
(Amounts from TeleFile system)

Step 2: Taxable Receipts

- 1 Total receipts (include tax)
- 2 Deductions (Use the worksheet in the instructions.)
- 3 Taxable receipts

13779 00
2 841 00

3 12938 00

Step 3: Tax on Receipts

Sales from locations within Illinois

- 4a General merchandise receipts
- 4b Tax on general merchandise - Line 4a x your tax rate of 0.065
- 5a Food, drugs, and medical appliances receipts
- 5b Tax on food, drugs, and medical appliances - Line 5a x your tax rate of 0.01

4a 12938 00

4b 841 00

5a 00

5b 00

Sales from locations outside Illinois

- 6a General merchandise receipts
- 6b Tax on general merchandise - Line 6a x the tax rate of 6.25 percent (0.0625)
- 7a Food, drugs, and medical appliances receipts
- 7b Tax on food, drugs, and medical appliances - Line 7a x your tax rate of 1 percent (0.01)

6a 00

6b 00

7a 00

7b 00

Sales at prior rates

- 8a Receipts taxed at other rates (Line 8a is not accepted by Telefile.)
- 8b Tax on receipts at other rates

8a 00

8b 00

- 9 Tax due on receipts - Line 4b + Line 5b + Line 6b + Line 7b

9 841 00

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

- 10 Discount - Line 9 x 1.75 percent (.0175)
If you file and pay in full by the due date and want to claim your retailer's discount, press "1" when prompted by TeleFile. TeleFile will calculate your discount.

10 15 00

- 11 Net tax due on receipts - Line 9 - Line 10

11 826 00

Turn the page to continue.

ST-1-T front (R-9/08)

ST-1-T TeleFile Payment (R-9/08)

This form is for the period ending: January 1, 2011 - January 31, 2011

This payment is due: February 22, 2011

Account ID (IBT number): 0973-2764

MOON-GLO INC
3124 PERRYVILLE RD
DANVILLE IL 61834-5848

Write the amount you are paying.

\$ 826.00

Write your remittance and send your payment to

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

Step 5: Tax on Purchases

	Column A (Complete before you call)
12a General merchandise purchases	12a _____ 00
12b Tax on general merchandise purchases -- Line 12a x the tax rate of 6.25 percent (.0625)	
13a Food, drugs, and medical appliances purchases	13a _____ 00
13b Tax on food, drugs, and medical appliances purchases -- Line 13a x your tax rate of 1 percent (.01)	
14a Purchases taxed at other rates (Line 14a is not accepted by Telefile.)	14a _____
14b Tax on general merchandise purchases	
15 Tax due on purchases -- Line 12b + Line 13b	

Column B (Amounts from TeleFile system)

12b	_____	00
13b	_____	00
14b	_____	
15	_____	00
16	826	00
20	_____	
21	_____	
22	_____	
23	_____	
25	826	00

Step 6: Net Tax Due

16 Tax due from receipts and purchases -- Line 11 + Line 15	
16a Manufacturer's Purchase Credit (Line 16a is not accepted by Telefile.)	16a _____
17 Prepaid sales tax (Line 17 is not accepted by Telefile.)	17 _____
18 Quarter-monthly payments (Line 18 is not accepted by Telefile.)	18 _____
19 Prior overpayment	19 _____ 00
20 Total prepayments	
21 Net tax due	

Step 7: Payment Due

22 Excess tax collected (Line 22 is not accepted by Telefile.)	22 _____
23 Total tax due	
24 Credit memorandum (Line 24 is not accepted by Telefile.)	24 _____
25 Payment due -- Line 16 - Line 19	

Third: Confirm that you want to file your return

When prompted, press "1" if you want to file your return. TeleFile will then provide a six-digit confirmation number. Press "9" if you do not want to file your return. None of your entries will be saved by TeleFile. You must call again.

- Confirmation number: _____
- Date of call: ___/___/_____

Fourth: Remit your tax payment

Registered Electronic Funds Transfer (EFT) Program participants: When prompted, press "1" to pay your balance due by EFT debit. Enter the amount you want to pay in whole dollars and the date that you want your account to be debited. You must enter six digits for the payment date; all single-digit months must begin with a zero (e.g., 01/01/04)

If you are not a registered EFT Program participant, you must pay by check. Write the amount you are paying on the line provided on the ST-1-T TeleFile Payment coupon on the front of this worksheet, detach the coupon, and mail it and your payment to the address provided.

EFT debit option

- Amount paid: \$ _____ | 00
- Debit date: ___/___/_____
- Confirmation number: _____

Paper check option

- Amount paid: \$ 826 | 00
- Check number: 6570

This form is authorized by the Illinois Retailers' Occupation and Related Tax Acts. Disclosure of this information is REQUIRED. Failure to provide it could result in a penalty. This form has been approved by Forms Management Center IL 482-4363