



## MOTOR FUEL TAX RETURN

FILING PERIOD	
MONTH	YEAR

Business Name	_____	Taxpayer's Telephone:	_____
Address	_____	Preparer's Telephone:	_____
	_____		

Illinois Business Tax (IBT) No. for City of DeKalb Business Location (from ST-1) \_\_\_\_\_

### Computation of Tax Liability

1. Gallons of motor fuel sold (from ST-1 worksheet)	_____
2. City of DeKalb Motor Fuel Tax (Line 1 multiplied by .095)	\$ _____
3. Penalties & Interest if Paid After the Due Date:	
a. Late Payment Penalty (5% of Line 2 )	\$ _____
b. Interest (2% per month on taxes and penalties)	\$ _____
c. Late Filing Fee (\$100 per month)	\$ _____
d. Total Penalties, Interest & Fees (sum of a, b, and c)	\$ _____
4. Total Due the City of DeKalb (add lines 2 and 3d )	\$ _____

Remit Payment - City of DeKalb  
Finance Department - Motor Fuel Tax  
164 E Lincoln Highway  
DeKalb, IL 60115

A copy of your Illinois Form ST-1 "Sales & Use Tax Return" for the same reporting period **MUST** be attached to this return.

*I hereby affirm that I have examined this return and, to the best of my knowledge and belief, the information presented is true, accurate, and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.*

Preparer \_\_\_\_\_ Date \_\_\_\_\_

Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Printed Signature \_\_\_\_\_

Printed Signature \_\_\_\_\_

\_\_\_\_\_  
Email

#### OFFICE USE ONLY

Cash/Check # \_\_\_\_\_  
Date Received \_\_\_\_\_  
Finance \_\_\_\_\_