



MOTOR FUEL TAX RETURN

Collection Period:	Month _____	Year _____
--------------------	-------------	------------

Business Name: _____ Phone No: _____

Business Address: _____

Payee's Name and Address: _____

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 **.055**)..... \$ _____

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)..... \$ _____

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.

Signature and Title of Taxpayer Date

Preparer (if other than taxpayer) Phone No.

Mail completed return, a copy of the Illinois Department of Revenue Form ST-1 and a check for the amount due from Line 4 to:

Finance Department
City of DeKalb
164 E Lincoln Hwy
DeKalb, IL 60115