LOCAL MOTOR FUEL TAX
MONTHLY REMITTANCE FORM

Monthly Year of Collection:

Illinois Business Tax (IBT):

Due Date: Due no later than the 20th of each calendar month for the amount of the previous month’s collection.

Municipal Code Chapter 25 Division 18

Business Name (DBA) & Local Address: ________________________________________________________________
____________________________________________________________
____________________________________________________________

Corporate Name: ________________________________________________________________

Contact Name and Phone Number: __________________________________________________

1. Total gallons of gasoline sold……………………………………………………………………………………………………1 ________________

2. Total gallons of diesel sold………………………………………………………………………………………………………2 ________________

3. Total gallons sold (add lines 1 and 2)…………………………………………………………………………………………3 ________________

4. Tax rate of $.04 per gallon………………………………………………………………………………………………………x $.04

5. Tax due subtotal (multiply line 3 x line 4)……………………………………………………………………………………5 ________________

6. COLLECTION FEE — Deduct 1% (Line 5 x .01)…………………………………………………………………………………6 ________________

   If filed and paid by the 20th of the month for the previous month

7. Late Penalty — 5% per month (if applicable) (Line 5 x .05)……………………………………………………………………7 ________________

   If filed after the 20th of the month for the previous month

8. Interest Charge — 2% per month (Line 5 times .02 x # of months filed late)………………………………………………8 ________________

   If filed after the 20th of the month for the previous month

9. TOTAL AMOUNT REMITTED (add lines 5 through 8)…………………………………………………………………………9 ________________

Note: Additional penalties and court costs may be imposed for failure to file the return and pay the tax by the due date.

________________________________________
Signature of Preparer                          Date

________________________________________
Signature of Taxpayer                        Date

Month/Year of Collection:

Business Name (DBA) & Local Address: ________________________________________________________________
____________________________________________________________
____________________________________________________________

Corporate Name: ________________________________________________________________

Contact Name and Phone Number: __________________________________________________

MAIL THIS COMPLETED AND SIGNED REMITTANCE FORM, AND A CHECK FOR THE AMOUNT SHOWN ON LINE 9.

Make check payable to: Town of Normal 11 Uptown Circle, Normal, IL 61761

Questions? Contact Town of Normal Finance Department (309) 454 - 9512

Under penalties of perjury and other penalties provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. The information provided here is proprietary commercial and financial information and disclosure would cause competitive harm.