



CITY OF BELVIDERE
LOCAL MOTOR FUEL TAX RETURN
Pursuant to Belvidere Municipal Code Article X

Collection Period: _____ of 20____
Month

Business Name: _____ Telephone: (____) _____

Local Address: _____

Illinois Business Tax (IBT) #: _____ - _____

Or

Employer Identification Number (EIN): ____ - _____

Computation of Local Motor Fuel Tax Liability	Column 1 Non-Diesel	Column 2 Diesel
1. Total gallons (sold by retailer)	_____	_____
2. Tax rate per gallon	\$0.02	\$0.02
3. Multiply line 1 times rate on line 2	_____	_____
4. Subtotal (add Line 3, Columns 1 and 2)		_____
5. Prompt Payment Compensation-deduct 1% (multiply line 4 by .01)		_____
If filed and paid by the 20 th of the month for the previous month		_____
6. Penalty for late payment Add 1.5% (multiply line 4 by .015%)		_____
If NOT filed and paid by the 20 th of the month for the previous month		_____
7. Total Tax to be remitted		_____

Under penalty as provided by law, I declare that I have examined this registration form, and to the best of my knowledge and belief, the information entered on this form is true, correct, and complete.

Signature of Preparer

Signature of Owner

Title

Company Name

Date Signed

(____) _____
Telephone

Date Signed

(____) _____
Telephone

Mail completed return, a copy of the Illinois Department of Revenue Form ST-1 and a check for the amount due from Line 7 to:

City of Belvidere
Finance Department
401 Whitney Boulevard
Belvidere, IL 61008