



City of West Chicago

MUNICIPAL
MOTOR FUEL
TAX RETURN FORM

Collection Period - Month/Year: _____ Due Date: On or before the 25th of subsequent month

Tax ID: _____

Payee Name (Corporate/Company)
And Address (Mailing Address):

Business Name (DBA)
And Address (Business Location):

Four horizontal lines for payee address.

Four horizontal lines for business address.

Phone: _____

Phone: _____

COMPUTATION OF TAX LIABILITY

- 1. Gallons of Motor Fuel Sold
2. West Chicago Motor Fuel Tax (line 1x\$0.03)
3. Late Payment Interest (2% per month, if paid after due date)
4. Excess Tax Collected +
5. Total Tax, Interest, and Penalty Due (Add Lines 2, 3 and 4) =

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. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

Printed Name of Preparer Date

Preparer Signature Date

Preparer Phone Number:

Preparer Email Address:

Please mail this completed return; a check in the amount shown on line 4, and a copy of the Illinois Department of Revenue Sales and Use Tax Return (ST-1) to:

City of West Chicago
475 Main Street
West Chicago, IL 60185
Attn: Motor Fuel Tax
Phone 630-293-2200 Fax: 630-293-3028