

**CITY OF ELMHURST
MONTHLY MOTOR FUEL TAX RETURN
Effective October 1, 2010**

Month/Year
of Collection: _____

Due Date:
The 20th day of the following month

Payee Name (Corporate/Company):

Local Business Name (DBA)

Mailing Address:

Business Location Address:

Phone:

Phone:

Illinois Business Tax (IBT) Number: _____

COMPUTATION OF TAX LIABILITY

- | | | |
|----|---|----------|
| 1. | Gallons of Motor Fuel Sold at Retail | _____ |
| 2. | Elmhurst Motor Fuel Tax (line 1 X \$_____) | \$ _____ |
| 3. | Late Payment Penalty
5% per month of the amount of tax due | \$ _____ |
| 4. | Total Tax and Penalty Due (Add Lines 2 and 3) | \$ _____ |

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.

Signature of Preparer

Date

Signature of Taxpayer

Date

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

City of Elmhurst
209 N. York Street
Elmhurst, Illinois 60126
Attn: Finance Dept., Motor Fuel Tax