



CITY of PEKIN
MOTOR FUEL TAX RETURN

SECTION I.

Business Name: \_\_\_\_\_ Taxpayer (EIN) Number: \_\_\_\_\_
Local Address: \_\_\_\_\_ IL Business Tax Number \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ (Both Required)
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ This return filed for the period:
Corporate Name: \_\_\_\_\_ From \_\_\_\_\_ 20\_\_ to \_\_\_\_\_ 20\_\_

Under penalty as provided by law, I declare that I have examined this return and accompanying schedules and to the best of my knowledge and belief it is true and correct and is taken from the books and records of the business for which this is filed. All returns must be filed on or before the last day of the calendar month succeeding the end of the filing period.

Taxpayer Printed Name and Title

Preparer's Name and Phone Number

Taxpayer Signature

Preparer's Signature

SECTION II.

Total Gross Gallons \* 1a. \_\_\_\_\_
Less Gallons of E-85 Fuel \* 1b. \_\_\_\_\_
TOTAL NET GALLONS SOLD 1c. \_\_\_\_\_
Motor Fuel Tax (Line 1c x \$0.04) 2. \_\_\_\_\_
Late Penalty (Line 2 x 5%) 3. \_\_\_\_\_
Late Interest (Line 2 x 2% x # of Months Delinquent) 4. \_\_\_\_\_
TOTAL TAX and CHARGES 5. \_\_\_\_\_
(Lines 2 + 3 + 4)

\* Attach a copy of your supporting state of Illinois Sales Tax Return(s) to this tax return. Multiple locations should also complete section III.

MAKE CHECKS PAYABLE TO: CITY of PEKIN
MAIL TO: Department of Finance
City of Pekin

Taxpayer questions or additional forms, Please call (309) 477-2305

111 South Capitol Street
Pekin, IL 61554-4108

**SECTION III.**

**MULTIPLE LOCATION REPORTING**

<b>LOCATION ADDRESS</b>	<b>Number of Gallons (Net of E-85 Gallons Sold)</b>	<b>MOTOR FUEL TAX</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTALS</b>		