

**VILLAGE OF DOWNERS GROVE, ILLINOIS**

**MOTOR FUEL TAX RETURN**

**Due Date: 25<sup>th</sup> DAY OF THE MONTH FOLLOWING COLLECTION PERIOD**

DATE OF RETURN: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

CITY/VILLAGE: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CORPORATE NAME: \_\_\_\_\_

**THIS RETURN FILED FOR THE PERIOD:**

**FROM:** \_\_\_\_\_, 20\_\_ **TO:** \_\_\_\_\_, 20\_\_

Upon 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 following the month of collection.

TAXPAYER NAME AND TITLE: \_\_\_\_\_

\_\_\_\_\_  
PREPARER'S SIGNATURE AND PHONE NUMBER

TOTAL GROSS GALLONS SOLD	1. _____
MOTOR FUEL TAX (Line 1 x \$0.015)	2. _____
LATE PAYMENT PENALTY (1% PER MONTH OR ANY PORTION THEREOF – IF PAID AFTER DUE DATE)	3. _____
TOTAL MOTOR FUEL TAX DUE	4. _____

**ATTACH A COPY OF YOUR SUPPORTING STATE OF ILLINOIS SALES TAX RETURN(S), VERIFYING GALLONS SOLD, TO THIS TAX RETURN.**

*MAKE CHECKS PAYABLE TO:* VILLAGE OF DOWNERS GROVE

*MAIL TO:* VILLAGE OF DOWNERS GROVE  
FINANCE DEPARTMENT  
801 BURLINGTON  
**DOWNERS GROVE, IL 60515**

TAXPAYER QUESTIONS OR ADDITIONAL FORMS, PLEASE CALL (630) 434-5500