

City of Peoria, Illinois
MOTOR FUEL TAX RETURN

NOTE: All Motor Fuel Tax returns must be filed on or before the last day of the calendar month succeeding the end of the filing period.
Important: Attach a copy of your supporting State of Illinois sales tax return(s) to this City of Peoria tax return.
Multiple locations should also be reported using the reverse side of this form.

This return is for the period: From _____ 20 _____ through _____ 20 _____

Business Name: _____ City Tax ID #: ** _____

Mailing Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Corporate Name: _____ Fax Number: _____

** This number is assigned to your business by the City of Peoria, Illinois, and is required by their software in order to process. **
Do not use your state sales tax number or your FEIN number, call (309) 494-8588 if you are unsure of the correct ID # to use.

Printed Name of Taxpayer: _____

Signature of Taxpayer: _____

Title: _____ E-Mail: _____

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.

Printed Name of Preparer: _____

Signature of Preparer: _____

Date: _____ Phone #: _____

- 1. **TOTAL GROSS GALLONS:**
(attach copy of State tax return) \$ _____
- 2. **MOTOR FUEL TAX:**
(line 1 multiplied by 2 cents, or .02) _____
- 3. **LATE PENALTY:**
(line 2 multiplied by 5.0%, or .05) _____
- 4. **LATE INTEREST:**
(line 2 multiplied by 2%, or .02, multiplied by # of months late) _____
- 5. **TOTAL MOTOR FUEL TAX & CHARGES DUE:**
(line 2 + line 3 + line 4) \$ _____

Please make checks payable to: CITY OF PEORIA

And, mail check and completed return to: CITY OF PEORIA - CITY TREASURER'S OFFICE
419 FULTON STREET, ROOM 100
PEORIA, IL 61602

For any questions, or additional forms: CITY OF PEORIA - ACCOUNTS RECEIVABLE OFFICE
419 FULTON STREET, ROOM 111
PEORIA, IL 61602
(309)494-8588 PHONE