

**CITY OF PEORIA, ILLINOIS
MOTOR FUEL TAX RETURN**

Business
Name: _____

Mailing
Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Corporate
Name: _____

Taxpayer
Number: _____
(* City assigned – not state tax or FEIN #)

This return filed for the period:

From: _____ To: _____

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 signature and title

Preparer's signature and phone number

Print taxpayer name

Print preparer's name

TOTAL GROSS GALLONS**:	1.	_____
MOTOR FUEL TAX: (line 1 multiplied by 2 cents)	2.	\$ _____
LATE PENALTY: (line 2 x 5.0%)	3.	\$ _____
LATE INTEREST: (line 2 x 2% x # of months delinquent)	4.	\$ _____
TOTAL MOTOR FUEL TAX & CHARGES DUE: (line 2 + 3 + 4)	5.	\$ _____

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

**Attach a copy of your supporting State of Illinois sales tax return(s) to this tax return. Multiple locations should also complete the reverse side of this form.

Make checks payable to:

City of Peoria

Mail to:

**City Treasurer's Office
419 Fulton Street, Room 100
Peoria, IL 61602**

Questions or additional forms:

**Accounts Receivable Office
419 Fulton Street, Room 111
Peoria, IL 61602
(309) 494-8588**

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MULTIPLE LOCATION REPORTING

Location Address	Total Gross Gallons	Total Motor Fuel Tax
TOTALS		