CITY OF PEORIA, ILLINOIS
MOTOR FUEL TAX RETURN

DUE DATE: *Returns are filed* ***monthly*** *on the last day of the month following the reporting period, unless otherwise authorized. Even if no sales occur, you must submit a* ***zero*** *return.*

SECTION 1 – BUSINESS INFORMATION

City Assigned Taxpayer #: _____ Business # _____ Reporting Period: _____ TO _____

Business Name & DBA: _____

Mailing Address: _____

Location (If Different from Mailing): _____

SECTION 2 – MOTOR FUEL TAX

1. TOTAL GROSS GALLONS $_____
2. AMOUNT OF TAX (Line 1 multiplied by $0.05) $_____
3. LATE PENALTY (Line 2 multiplied by 3% per month late) $_____
4. TOTAL MOTOR FUEL TAX DUE (Line 2 + Line3) $_____

SECTION 3 – CERTIFICATION

The undersigned certifies that this return is true and accurate to the best of their knowledge/belief and information provided is taken from the books and records of the business for which this return is filed.

Signature: _____ Date: _____

Printed Name: _____ Phone #: _____

Email Address: _____

Return completed Return and Payment to:

City of Peoria – Accounts Receivable, 419 Fulton St Rm. 111 Peoria, IL 61602

All Completed Returns must include a copy of the filed State of Illinois Tax Return of the corresponding reporting period.

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MULTIPLE LOCATION REPORTING

LOCATION ADDRESS	TOTAL GROSS GALLONS	AMOUNT OF TAX
TOTALS*		

**Enter Totals into the corresponding boxes on page 1 of this return.*

All Completed Returns must include a copy of the filed State of Illinois Tax Return of the corresponding reporting period.