VILLAGE OF PEORIA HEIGHTS LOCAL MOTOR FUELTAX RETURN

| CORROBATE NAME |
|---|
| CORPORATE NAME: |
| BUSINESS NAME: |
| ADDRESS: |
| |
| |
| ILLINOIS BUSINESS TAXPAYER IDENTIFICATION NUMBER: |
| |
| THIS RETURN FILED FOR THE PERIOD: FROM20 |
| TO20 |
| TOTAL GROSS GALLONS*1. |
| MOTOR FUEL TAX (line 1 x 2¢) |
| LATE PENALTY (line 2 x 5%) |
| LATE INTEREST (line 2 x 2% x number of months delinquent) 4 |
| TOTAL MOTOR FUEL TAX AND CHARGES DUE (line 2 + 3 + 4) 5. |
| *ATTACH A COPY OF YOUR SUPPORTING STATE OF ILLINOIS SALES TAX RETURN(S) TO THIS RETURN. |
| UNDER PENALTY OF LAW, I DECLARE THAT I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE AND CORRECT AND HAS BEEN TAKEN FROM THE RECORDS OF THE BUSINESS FOR WHICH IT IS BEING FILED. |
| |
| TAXPAYER SIGNATURE DATE PREPARER'S SIGNATURE DATE |
| |
| All returns must be filed on or before the last day of the calendar month succeeding the end of the filing period. |
| |

MAKE CHECKS PAYABLE TO: VILLAGE OF PEORIA HEIGHTS

MAIL TO:

VILLAGE OF PEORIA HEIGHTS 4901 N. PROSPECT ROAD PEORIA HEIGHTS, IL 61614

TAXPAYER QUESTIONS PLEASE CALL 309-686-2380.