MUNICIPAL MOTOR FUEL TAX RETURN FORM

For the Month Ended: ____________ Due Date: **On or before the 20th of subsequent month**

Business Name (Corporate/Company) and Address: __________________________________________________________
__________________________________________________________
__________________________________________________________

Mailing Address if Different from the Business Address: ____________________________________________________________
__________________________________________________________
__________________________________________________________

Email Address: __________________________________________ Email Address: ________________________________________
Phone: ________________________________________________ Phone: _____________________________________________
Fax: __________________________________________________ Fax: ________________________________________________

COMPUTATION OF TAX LIABILITY

1. Gallons of Motor Fuel Sold ______________________________________________________________
2. Gallons of Motor Fuel Exempt from Taxation ____________________________________________
3. Taxable Gallons of Motor Fuel Sold (subtract line 2 from line 1) ______________________________
4. Aurora Motor Fuel Tax (line 3 x $0.04) _________________________________________________
5. Deduct Commission if Paid on Time (multiply line 4 by 2.1% [0.021]) - ____________________
6. Late Payment Penalty (7.5% of the amount of tax due, if paid after the due date) + _____________
7. Late Payment Interest (1.5% per month, if paid after due date) + _____________________________
8. **Total Tax, Interest, and Penalty Due** (Add lines 4-7) = _________________________________

Under penalties of perjury and other penalties provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

Signature of Tax Remitter ______________________ Date __________

Please mail this completed return, a check in the amount shown on line 5, and a copy of the Illinois Department of Revenue Sales and Use Tax Return (ST-1) to:

City of Aurora
Attn: Revenue & Collection Division
44 East Downer Place
Aurora, IL 60507
Phone: 630-256-3560
Fax: 630-256-3569

12/1/15