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