



CITY OF BELVIDERE
 LOCAL MOTOR FUEL
 MULTIPLE LOCATION TAX RETURN
 Pursuant to Belvidere Municipal Code Article X

Collection Period: _____ of 20____
 Month

Business Name: _____

Illinois Business Tax (IBT) #: _____ - _____

Computation of Local Motor Fuel Tax Liability	Column 1	Column 2						
Locations Name and Addresses	Non-Diesel	Diesel						
1. _____	_____	_____						
2. _____	_____	_____						
3. _____	_____	_____						
4. _____	_____	_____						
1. Total gallons (total for all locations) <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">_____</td> <td style="width: 20%; text-align: center;">_____</td> </tr> <tr> <td></td> <td style="text-align: center;">Total Column 1</td> <td style="text-align: center;">Total Column 2</td> </tr> </table>				_____	_____		Total Column 1	Total Column 2
	_____	_____						
	Total Column 1	Total Column 2						
2. Tax rate per gallon	\$0.02	\$0.02						
3. Multiply line 1 times rate on line 2	_____	_____						
4. Subtotal (add Line 3, Columns 1 and 2)		_____						
5. Prompt Payment Compensation-deduct 1% (multiply line 4 by .01)		_____						
If filed and paid by the 20th of the month for the previous month		_____						
6. Penalty for late payment Add 1.5% (multiply line 4 by .015%)		_____						
If NOT filed and paid by the 20 th of the month for the previous month		_____						
7. Total Tax to be remitted		_____						

Under penalty as provided by law, I declare that I have examined this registration form, and to the best of my knowledge and belief, the information entered on this form is true, correct, and complete.

 Signature of Preparer

 Company Name

 Title

 Date Signed

(____)_____
 Telephone

Mail completed return, a copy of the Illinois Department of Revenue Form ST-1 and a check for the total amount due to:

City of Belvidere
 Finance Department
 401 Whitney Boulevard
 Belvidere, IL 61008