## VILLAGE OF MORTON GROVE 6101 W. CAPULINA MORTON GROVE, IL 60053 MAIN NUMBER: 847-965-4100

FAX: 847-663-6185

## **MOTOR FUEL TAX**

MONTHLY REMITTANCE FORM

MOTOR FUEL TAX COLLECTION	ON PERIOD: MONTH AND YEAR	
BUSINESS NAME		
ADDRESS		
	STAT	EZIP
Illinois Business Tax Number for Morton	Grove Business Location (from Illinois ST-1	)
	TURN ARE DUE 20 DAYS AF	
THE ABOVE COLLECTIO	ON PERIOD TO AVOID PENA	ALTIES.
L GALLONG OF MOTOR FIVE GO	A D (CT 1 COMPANIE A DEDUCTION	g )
	LD (ST-1 SCHEDULE A DEDUCTION	S.)
TOTAL OF LINES 18a, 19a, 20a, 21a		
**IF LINE 1 DOES NOT MATCH THE TOTA	L OF LINES 18A, 19A, 20A, 21A, 22A, AND 2	3A THE ST-1, PLEASE EXPLAIN WHY:
2. VILLAGE TAX RATE IS \$0.05 PE	R GALLON	0.05
3. MULTIPLY LINE 1 BY LINE 2. T	THIS IS YOUR TOTAL MORTON GRO	OVE
MOTOR FUEL TAX OWED		
IF FILING AND/OR PAYING AI	FTER THE DUE DATE, THE FOLLO	OWING PENALTIES MUST BE
	INCLUDED WITH PAYMENT	
4. LATE FILING FEE: LINE 3 (TAX	DUE) multiplied by 5% or \$50, whiche	ver is
greater.		
· ·	AX DUE) MULTIPLIED BY 10% or \$1	00,
whichever is greater		
ADD I INEC 2 4 AND 5 THIS IS NO		NIE.
ADD LINES 3, 4, AND 5. THIS IS YO	OUR TOTAL TAX AND PENALTIES I	DUE
INCLUDING ACCOMPANYING SCHEDULES AN AND COMPLETE. DECLARATION OF PREPARE	PENALTIES PROVIDED BY LAW, I DECLARE THA ID STATEMENT, AND TO THE BEST OF MY KNOW ER (OTHER THAN TAXPAYER) IS BASED ON ALL AT THE INFORMATION SET FORTH IS TAKEN FRO	/LEDGE AND BELIEF, IT IS TRUE, CORRECT, INFORMATION OF WHICH PREPARER HAS
SIGNATURE OF TAXPAYER	PRINTED NAME	TITLE
SIGNATURE OF PREPARER	PRINTED NAME	
DATE	CONTACT PHONE	

THIS FORM IS AUTHORIZED AS OUTLINED BY TITLE 1, CHAPTER 10, ARTICLE J OF THE VILLAGE OF MORTON GROVE CODE. DISCLOSURE OF THIS INFORMATION IS REQUIRED. COPIES OF ILLINOIS DEPARTMENT OF REVENUE SALES AND USE TAX AND E911 SURCHARGE RETURN FOR THE PERIOD COVERED BY THIS RETURN MUST BE SUBMITTED WITH THE VILLAGE RETURNS. FAILURE TO COMPLY MAY RESULT IN A PENALTY AND REVOCATION OF BUSINESS LICENSE.