VILLAGE OF MOUNT PROSPECT
Finance Department
50 South Emerson Street
Mount Prospect, IL 60056
(847) 392-6000

MUNICIPAL MOTOR FUEL TAX RETURN

For the Calendar Month Ended: ___________________  Business Name and Address:
______________________________________________________________________________
______________________________________________________________________________

Computation of Tax Liability

1. Number of Gallons of Motor Fuel Tax Sold ................................................................. ________

2. Tax Rate per Gallon ........................................................................................................ $ x .04

3. Tax Due (line 1 multiplied by line 2) .................................................................. $ ________

4. Interest (1%) if late .................................................................................................. $ ________

5. Penalty (5%) late return ......................................................................................... $ ________

6. Penalty (5%) delinquent tax .................................................................................. $ ________

7. Total Due ................................................................................................................. $ ________

Remittance Instructions

Please remit the amount indicated on line 7 above. Checks should be made payable to the Village of Mount Prospect and sent to the Village at the address shown above. This form and a complete copy of the Illinois Department of Revenue Form ST-1 (state sales tax return) for the corresponding month must accompany your remittance.

The Village must receive your remittance by the 20th of the month following the calendar month when the taxes were collected. If the 20th of the month falls on a Sunday or holiday when the Village Hall is closed, payment must be received by the next business day. However, a payment sent by mail must be postmarked not later than the 20th of the month. If the 20th of the month falls on a Sunday or national holiday when the U.S. Postal Service is closed, the remittance must be postmarked by the next business day.

Affirmation

Under penalties provided by the Mount Prospect Village Code, I hereby affirm that the statements contained herein are taken from the books and records of the business and are true and correct to the best of my knowledge.

____________________________________  ______________________
Signature of Owner/Manager  Date

____________________________________  ______________________
Name of Owner/Manager (Print/Type)  Title

____________________________________  ______________________
Phone Number  Retailer’s IBT #