

Email zero (\$0) dollar return to: FBtax@aurora.il.us

## MOTOR FUEL TAX RETURN FORM

Due Date: On or before the 20<sup>th</sup> of subsequent month

**Please Note**: you may also complete this form and pay tax online via our website www.aurora-il.org.

| For Month Ended:   |                  |                        |
|--|------------------|------------------------|
| Name:  | IBT:             |                        |
| Address: Location:   | Phone:<br>Email: |                        |
| COMPUTATION OF TAX LIABILITY   |                  |                        |
| 1. Gallons of Motor Fuel Sold  |                  |                        |
| 2. Gallons of Motor Fuel Exempt from Taxation  |                  |                        |
| 3. Deduct Commission if paid on time - multiply line 2 by 2.1% (0.021)   |                  |                        |
| 4. Amount of Tax Payable - (line 2 less line 3)  |                  |                        |
| 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 due Date). Multiply line 4 by 7.5% [.075]).   |                  |                        |
| 7. Interest for Late Filing per month - multiply line 4 by 1.25% (0.0125) for each month (including any partial month) that payment is late  |                  |                        |
| 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 of my knowledge and belief it is true, correct, and complete. I further declare that the books and records of the business for which this return is filed. |                  |                        |
| Please provide a check in the amount shown on line 8, and a copy of the Illinois of Revenue Sales and Use Tax Return (ST-1). Tax is due by the 20 <sup>th</sup> of the month   |                  | OFFICE USE ONLY        |
| , , , , , , , , , , , , , , , , , , ,  |                  | CK #:<br>DATE:<br>AMT: |
| City of Aurora<br>Attn: Revenue and Collection Division  |                  | BY:                    |
| 44 East Downer Place<br>Aurora, IL 60507   |                  |                        |
| Phone: 630-256-3560 Fax: 630-256-3569  |                  |                        |

SIGNATURE OF TAX REMITTER

DATE