

JOLIET MOTOR FUEL TAX RETURN

CITY OF JOLIET

Department of Management & Budget
Business Services
150 West Jefferson Street
Joliet, Illinois 60432
Office 815.724.3905 Fax 815.724.3904
www.cityofjoliet.info or
businessservices@jolietcity.org

If the business has been closed, sold to a new entity or no longer incurs liability for taxes to the City of Joliet, please complete the following:

Date of Final Tax Return: _____

Date Business Closed: _____

Date Business Sold: _____

Old/Closing owner information:

Name: _____

Address: _____

Telephone No. _____

New Owner Information:

Name: _____

Address: _____

Telephone No. _____

TO PAY BY VISA OR MASTERCARD:

Mastercard _____ VISA _____

Account No. _____ - _____ - _____

_____ - _____ Expiration Date: ____/____

Billing Address on account: _____

Signature _____

MAKE CHECKS PAYABLE TO: CITY OF JOLIET

MAIL TO: City Collector - Taxes
City of Joliet
150 West Jefferson Street
Joliet, IL 60432

Statement of Tax Receipts under the provisions of Ordinance No. 7649 and 13001(Chapter 28, Articles 9 and 17 of City Code of Ordinances).

Local business name, address and telephone number in Joliet

TAX RETURN FOR MONTH OF _____

Illinois State Tax Number (IBT)

_____ - _____ - _____

COMPUTATION OF TAXES – motor fuel

- 1) Total number of gallons sold _____
- 2) **Computed gasoline tax** (line 1 x 0.01 per gallon) _____
- 3) Late filing interest 2% per month (line 2 x 2% or 0.02) _____
- 4) Late filing penalty 5% (line 2 x 5% or 0.05) _____
- 5) Late payment penalty 5% (line 2 x 5% or 0.05) _____
- 6) **Total amount due** (sum of lines 2 – 5) _____

If your records are in liter measurements, multiply the total by the official factor of 0.2641721 for U.S. gallons

Taxes are due at the City of Joliet offices no later than the last day of the following month.

Under penalties provided by Ordinance, the undersigned certifies that this return is true and accurate and is taken from the books and records of the business for which the return is filed.

Name: _____

Address: _____

Telephone No: _____

Signature _____ Date _____
8/5/2010 I:gundersen/1business/forms/motorfuel.com