



(Office use only)

LOCAL MOTOR FUEL TAX REMITTANCE FORM

Date Paid: _____

Amt. Paid: _____

Postmark: _____

Check #: _____

For the Month Ending: _____

Business Name: _____

Mailing Name (dba): _____

Address _____ Phone _____

City West Dundee State IL Zip 60118

Name of Preparer: _____

Address _____ Phone _____

City _____ State _____ Zip _____

Computation of Tax Liability:

- 1. Total Gallons Sold During Liability Period (Gas + Diesel) _____
- 2. Tax Liability (Total Gallons from Line 1 x \$0.02) \$ _____
- 3. Late Payment Penalty (line 2 multiplied by 2%) \$ _____
- 4. Total Amount Due (line 2 plus line 3) \$ _____

Remittance Instructions

Please remit the amount indicated on line 4 above. Checks should be made payable to the Village of West Dundee. This form and a copy of the Illinois Department of Revenue Form ST-1 (state sales tax return) for the corresponding period must accompany your remittance.

Your remittance must be received by the Village at the address shown below by the 20th of the month following the month when the taxes are 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 no 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 ordinance, I hereby affirm that the statements contained herein are taken from the books and records of the above business and are true and correct to the best of my knowledge.

Return Original with Payment and copy of ST-1 return to:

Village of West Dundee
Attn: Local Motor Fuel Tax
102 S. Second Street
West Dundee, IL 60118

Fax: 847-551-3809
Phone: 847-551-3800

(Forms available online at www.wdundee.org)

_____ Date

_____ Signature

_____ Printed Name

_____ Title