



CITY OF MOLINE

MOTOR FUEL TAX RETURN

Pursuant to City of Moline Ordinance 31-3100

www.moline.il.us

Business Name: _____

Business Address: _____

Mailing Address: _____

____ Check here if above information is updated/changed

State I.D. Number: _____

Return Filed for Month/Year: _____

Pump # Purch. Date or Inv. #	Beginning	Ending	Total Gallons	Pump # Purch. Date Or Inv. #	Beginning	Ending	Total Gallons

- 1. Total Number of Gallons Sold (From Above Table): _____ Gallons
- 2. Gallons Deducted for Off Highway Use (Attach Documentation) _____ Gallons
- 3. Taxable Number of Gallons Sold (Line 1 Minus Line 2) _____ Gallons
- 4. Total Amount of Tax Due (Line 3 X .01) \$ 0.01 per Gallon \$ _____
- 5. Late Filing Penalty (Line 4 X .015) 1.5% per month \$ _____
- 6. Total Amount of Tax and Penalty Due (Add Lines 4 and 5) \$ _____

INSTRUCTIONS FOR FILING:

TAX AMOUNT: Effective January 1, 2005, the tax rate is one cent (\$0.01) per gallon.

DUE DATE: Monthly return is due no later than the last day of each calendar month, a sum of money equal to the amount of motor fuel tax collected for the preceding calendar month.

PENALTY: If for any reason any tax is not paid when due, interest shall be added at the rate of one and one half percent (1 ½%) per month on the amount of delinquent tax, calculated from the first day of delinquency.

REMITTANCE: Make checks payable and remit to: City of Moline
Accounts and Finance Office
1616 6th Avenue
Moline, IL 61265
(309) 797-0481

Please include a copy of your State Form ST-1 or Supplier Invoice as back up documentation for the above figures.

I certify under penalty as prescribed by law, that I have examined this return and to the best of my knowledge, it is a true and complete record as taken from the books and records of the business for which the return is filed.

Signature of Preparer: _____ Printed Name: _____

Title: _____ Date: _____

Telephone Number: _____