



# Naperville

## MOTOR FUEL TAX RETURN FORM

For Tax Period Ending: \_\_\_\_\_

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

Payee Name (**Corporate/Company**)  
And Address (Mailing Address):

Business Name (**DBA**)  
And Address (Business Location):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

### COMPUTATION OF TAX LIABILITY

1.	Gallons of Motor Fuel Sold		_____
2.	Naperville Motor Fuel Tax (line 1 x \$0.04)		_____
3.	Late Payment Interest (1.5% per month, if paid after due date)	+	_____
4.	Late Payment Penalty (5% of the amount of tax due)	+	_____
5.	<b>Total Tax, Interest, And Penalty Due</b> (Add Lines 2, 3 and 4)	=	_____

*Under penalties of perjury and other penalties provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.*

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Date

Preparer Phone Number: \_\_\_\_\_

Please mail this completed return; a check in the amount shown on line 5; and either a copy of the Illinois Department of Revenue Sales and Use Tax Return (ST-1) or, County Motor Fuel Tax form (CMFT-1/CMFT-2), or your internal report to:

City of Naperville  
400 S. Eagle Street  
Naperville, IL 60540  
Attn: Finance Dept., Motor Fuel Tax  
Phone: 630-420-4115  
Fax: 630-305-6226