

CITY OF SYCAMORE, ILLINOIS LOCAL MOTOR FUEL TAX	FILING PERIOD	
	Month/Year:	<i>Due on the 20th day of the following month</i>

IBT# _____	Taxpayer's Telephone #:() _____
NAME: _____	Preparer's Telephone #:() _____
ADDRESS _____	

Computation of Tax Liability		
1	Gallons of Fuel Sold (from ST-1 worksheet)	
2	Local Motor Fuel Tax (line 1 x \$.02)	
3	Late Payment Penalty: (Late Payment/Filing Penalty of 5%)	
4	Add Interest:(Late Payments are subject to Interest Charge of 1% per month)	
5	Total Tax Due including Penalty/Adjustments (add lines 2, 3 & 4)	

Statement:
Under penalty as provided by law, I declare that I have examined this return and to the best of my knowledge and belief is true and correct. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

Preparer _____	Date: _____	Taxpayer _____	Date: _____
Printed Signature		Printed Signature	

Mail or return this completed form and check for the amount shown on line 5 along with a copy of the Illinois Department of Revenue form ST-1 (not the attachment to form ST-1) to:

City of Sycamore
Finance Office
308 W. State Street
Sycamore, IL 60178
Attn: Motor Fuel Tax

Should you have any questions or if you need an additional form you may call the City of Sycamore at 815-895-7680.

OFFICE USE ONLY			
Date Received: _____	Discontinued Date: _____		
Postmark Date: _____	Business Sold Date: _____		
Amended Return: _____	First and Final Return: _____		