



CITY OF SYCAMORE, ILLINOIS
LOCAL MOTOR FUEL TAX

FILING PERIOD

Empty box for filing period

IBT#

Taxpayer's Telephone #:

NAME:

Taxpayer's Email:

ADDRESS:

Preparer's Email:

STEP 3: Figure Your Penalty, Interest and Other Adjustments (If you filed after due date, complete lines 5 and 6)

Table with 2 columns and 5 rows for tax calculations: Gallons of Fuel Sold, Local Motor Fuel Tax, Late Payment Penalty, Add Interest, Total Tax Due.

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.

For more info, please refer to Sycamore Ordinance - Chapter 21 Motor Fuel Tax - Link below:

https://codelibrary.amlegal.com/codes/sycamoreil/latest/sycamore_il/0-0-0-8671

Reminders:

Make Remittance Payable to: City of Sycamore
Return to: Finance Department (MFT Tax)
308 W. State St Sycamore, IL 60178

*If your business is active but has no sales this month, a return is still required. Report all amounts as \$-0- in that case

*If your business has closed or been sold and this is a final return, check the box

Empty box for final return indicator

FINAL RETURN

Preparer Signature Date:

Taxpayer Signature Date:

Printed Name

Printed Name

OFFICE USE ONLY

Date Received:

P:

I: