CITY OF BELVIDERE
LOCAL MOTOR FUEL
MULTIPLE LOCATION TAX RETURN
Pursuant to Belvidere Municipal Code Article X

Collection Period: _____ of 20_____

Month

Business Name: _____

Illinois Business Tax (IBT) #: __ __ __ __ - __ __ __ __

Computation of Local Motor Fuel Tax Liability	Column 1 Non-Diesel	Column 2 Diesel
Locations Name and Addresses		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

	Column 1	Column 2
1. Total gallons (total for all locations)	_____	_____
	Total Column 1	Total Column 2
2. Tax rate per gallon	$0.02	$0.02
3. Multiply line 1 times rate on line 2	_____	_____
4. Subtotal (add Line 3, Columns 1 and 2)		_____
5. Prompt Payment Compensation-deduct 1% (multiply line 4 by .01)		_____
If filed and paid by the 20th of the month for the previous month		
6. Penalty for late payment Add 1.5% (multiply line 4 by .015%)		_____
If NOT filed and paid by the 20th of the month for the previous month		
7. Total Tax to be remitted		_____

Under penalty as provided by law, I declare that I have examined this registration form, and to the best of my knowledge and belief, the information entered on this form is true, correct, and complete.

_____   _____
Signature of Preparer   Company Name

_____   _____   (___)_____
Title   Date Signed   Telephone

Mail completed return, a copy of the Illinois Department of Revenue Form ST-1 and a check for the total amount due to:

City of Belvidere
Finance Department
401 Whitney Boulevard
Belvidere, IL 61008