The second se	CITY OF BELVIDE LOCAL MOTOR FUEL TAX Pursuant to Belvidere Municip Collection Period: Month	X RETURN pal Code				
Business Name: Telephone: ()						
Local Address:						
	Illinois Business Tax (IBT) #:					
Or						
Employer Identification Number (EIN):						
-	utation of Local Motor Fuel Tax Liability	Column 1 Non-Diesel	Column 2 Diesel			
1.	Total gallons (sold or used)					
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% per month (multiply line 4 by .015%)					
	If NOT filed and paid by the 20 th 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		Signature of Owner	Signature of Owner		
Title		Company Name			
Date Signed	 Telephone	Date Signed	() Telephone		

Mail completed return, a copy of the Illinois Department of Revenue Form ST-1 and a check for the amount due from Line 7 to:

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