

VILLAGE OF McCOOK

VEHICLE FUEL TAX RETURN FORM

Please Print or Type

For Tax Period Ending: _____

Due Date: _____

**Payor Name (Corporate/Company)
and Address (Mailing Address):**

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

Phone: _____
Email: _____

Phone: _____
Email: _____

COMPUTATION OF TAX LIABILITY

Please note that post-dated checks will not be accepted.

- | | |
|---|---------------|
| 1. Gallons subject to tax | _____ |
| 2. Vehicle Fuel Tax (Line 1 x .05) | _____ |
| 3. Less Commission (Line 2 x 0.01 – only if timely) | (-) _____ |
| 4. Add Interest if Past Due(Line 2 x 2% x # of months late) | (+) _____ |
| 5. Add Penalty – Failure to file (Line 2 x 10%) | (+) _____ |
| 6. Add Penalty – Failure to pay (Line 2 x 10%) | (+) _____ |
| 7. Amount Due (Combine lines 2, 3, 4, 5 and 6) | (Total) _____ |

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 Telephone Number: _____

Preparer or Taxpayer e-mail: _____

Please mail or hand deliver this completed return, a check in the amount shown on line 7, and a copy (copies) of Illinois Department of Revenue Sales and Use Tax Returns Form ST-1 (and Form ST-2 if applicable) and Prepaid Sales Tax Statement of Tax Paid-Form PST-2 (returns submitted without copies of the state form(s) will be considered incomplete) to:

Village of McCook
Attn: Village Treasurer
5000 Glencoe Avenue
McCook, IL 60525

Phone: 708.447.9030
Fax: 708.447.2584