



MONTHLY MOTOR FUEL TAX STATEMENT

City of Galesburg, Illinois

Name of Gas Station _____

Address of Business _____

Reporting for Month/Year of _____

State I.D. Number _____

City Gas tax is due no later than the last day of each calendar month for the amount of the previous months collection of motor fuel tax.

1. Total Gallons of Diesel Sold _____

2. Total Gallons of Gasoline Sold _____

3. Total Gallons of Other Fuel Sold _____

4. Total Gallons of Fuel Sold (add lines 1, 2 and 3) _____

5. Applicable Gas Tax Rate of 4.5 Cents per Gallon .045

6. Total Fuel Tax Remitted (multiply line 4 x 5) _____

Calculation of Penalty and Interest for All Late Payments

7. Penalty 5% of Outstanding Tax Owed
(multiply line 6 x .05) _____

8. Interest 2% per Month
(multiply # of days late _____ x line 6 x .0007) _____

9. Total Due Including Penalty and Interest
(add line 6, line 7 and line 8) _____

I hereby certify that the information provided above is true and correct to the best of my knowledge.

Signature of Preparer _____ Printed Name _____

Title _____ Date _____ Telephone Number _____

Mail remittance to:
City of Galesburg
Attn: City Gas Tax
PO Box 1589
Galesburg, IL 61402-1589