



ANNUAL MOTOR FUEL TAX STATEMENT

City of Galesburg, Illinois

Name of Bulk User _____

Address of Bulk User _____

Reporting for Year of _____

State I.D. Number _____

As a Bulk User, we have chosen to remit the annual payment of \$1,350.00 by February 28th. We will continue to remit the annual payment, unless we notify the City of Galesburg otherwise.

Signature _____ Print Name _____

Title _____ Date _____

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