



# 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