



CITY OF HIGHLAND PARK

MOTOR FUEL TAX RETURN FORM

Please Print or Use Typewriter

For Tax Period Ending: \_\_\_\_\_ Due Date: \_\_\_\_\_
Due on or before the last day of subsequent month.

Payee Name (Corporate/Company) and Address (Mailing Address):

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

Horizontal lines for entering payee and business information.

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

COMPUTATION OF TAX LIABILITY

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

Table with 5 rows for tax liability calculation: Total Gallons Subject to Tax, Motor Fuel Tax, Interest if Past Due, Penalty - Failure to File and Failure to Pay, Amount Due.

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 Phone Number: \_\_\_\_\_ e-mail address (optional): \_\_\_\_\_

Please mail this completed return, a check in the amount shown on line 5, and a copy of the Illinois Department of Revenue Form ST-1 and ST-2 (returns submitted without a copy of the state ST Form(s) will be considered incomplete), if applicable, and PST-2 to:

City of Highland Park
Attn: Finance Dept., Food/Bev Tax
1707 St. Johns Ave
Highland Park, IL 60035

Phone: 847.432.0800
Fax: 847.432.2617
email: finance@cityhpil.com