



**MOTOR FUEL TAX RETURN**

Office of the City Clerk  
Business Services  
150 W Jefferson St  
Joliet, IL 60432-4158  
Office: 815-724-3905 Fax: 815-724-3904  
E-Mail: [businessservices@jolietcity.org](mailto:businessservices@jolietcity.org)  
Website: [www.cityofjoliet.info](http://www.cityofjoliet.info)

Local business name and address in City of Joliet corporate limits:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Phone Number: \_\_\_\_\_

**TAX RETURN FOR MONTH OF:** \_\_\_\_\_

Illinois State Tax Number (IBT)  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If the business has been closed, sold to a new entity or no longer incurs liability for taxes to the City of Joliet, please complete the following:

Date of Final Tax Return: \_\_\_\_\_  
Date Business Closed: \_\_\_\_\_  
Date Business Sold: \_\_\_\_\_  
Old/Closing Owner Information:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
New Owner Information:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**COMPUTATION OF TAXES – Motor Fuel**

- 1) Total number of gallons sold \_\_\_\_\_
- 2) Computed Gasoline Tax (line 1 x 1% or 0.01) \_\_\_\_\_
- 3) Late filing interest 2% per month (line 2 x 2% or 0.02) \_\_\_\_\_
- 4) Late filing penalty 5% (line 2 x 5% or 0.05) \_\_\_\_\_
- 5) Late payment penalty 5% (line 2 x 5% or 0.05) \_\_\_\_\_
- 6) **Total amount due** (sum of lines 2 – 5) \_\_\_\_\_

**TO PAY BY CREDIT CARD:**

MasterCard: \_\_\_\_ VISA: \_\_\_\_ Discover: \_\_\_\_  
Account No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_  
Name and billing address on account:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature

**Taxes are due at the City of Joliet offices no later than the last day of the following month.**

Under penalties provided by Ordinance, the undersigned certifies that this return is true and accurate and is taken from the books and records of the business for which the return is filed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**MAKE CHECKS PAYABLE TO: CITY OF JOLIET**

MAIL TO: City of Joliet - Taxes  
150 W Jefferson St  
Joliet, IL 60432-4158

Signature \_\_\_\_\_ Date \_\_\_\_\_