

Illinois Department of Revenue

CMFT-2 Multiple-Site Form

Attach to Form CMFT-1

REV 03 Form 025

Do not write above this line.

Account ID: _____ Reporting Period: _____

You must round your figures to the nearest whole number. See instructions. Site where the taxable retail sale was made:

Location code	Taxable gallons		
Site name		5b	\$
Cite eddress	(Tax Rate)		
	Taxable gallons at prior rate		
		6h	\$
	6a	50	φ
Location code	Taxable gallons		
0.11		5h	<u></u>
	5a X = 5	JD	\$
Site address			
	Taxable gallons at prior rate		
City, state, ZIP	6a	6b	\$
	-		
	Taxable gallons		
Site name	5a X = \$	5b	\$
Site address	(Tax Rate)		
	Taxable gallons at prior rate		
City, state, ZIP		6b	\$
Location code	Taxable gallons		
Site name		5b	\$
Cite edduces	(Tax Rate)		т
	Taxable gallons at prior rate		
		6h	\$
	ba	00	Ψ
Location code	Taxable gallons		
0.1		5b	\$
Cite address	(Tax Rate)		+
	Towalds college at avier rate		
	• •	Sh	\$
City, state, ZIP	0a	50	Φ
Location code	Taxable gallons		
Site name		5h	\$
	Ja A = (Tax Rate)	50	φ
Site address			
	Taxable gallons at prior rate	~ .	•
City, state, ZIP	6a	6b	\$
	Page totals (See instructions for multiple page		
	6a	6b	
This form is authorized by the County Mater Fre	Tax Law Disclosure of this information is BEQUIRED		

Failure to provide information may result in this form not being processed and may result in a penalty.

