Do *not* file this schedule on paper.

Illinois law requires Form RMFT-16 to be submitted electronically.

Use MyTax Illinois, available at mytax.illinois.gov, to file your schedule.



## **UST and EIF**

## Fuels Other Than Gasoline Products and Special Fuels Produced, Acquired, Received, or Transported into Illinois

| Step 1: Com  | plete the fo                      | ollowing info       | rmation   |       |  |  |              |          |   |   |                   |                 |                                   |                                 |                |                            |                                       |                            |                     |
|--|-----------------------------------|---------------------|---|-------|--|--|--------------|----------|---|---|-------------------|-----------------|-----------------------------------|---------------------------------|----------------|----------------------------|---------------------------------------|----------------------------|---------------------|
| Company name  Your license number  Reporting period/ |                                   |                     |   |       |  | Check the receipt type you are listing on this page.  Other fuel products received in Illinois  Other fuel products imported into Illinois  Other fuel products produced in your Illinois refinery |              |          |   |   |                   |                 |                                   |                                 |                |                            |                                       |                            |                     |
|  |                                   |                     |   |       |  |  |              |          |   | Step 2: Report your tax- and fee-free purchases |                   |                 |                                   |                                 |                |                            |                                       |                            |                     |
|  |                                   |                     |   |       |  |  |              |          |   | Invoice date<br>(month, day, year)              | Invoice<br>number | Name of carrier | Bill of lading or manifest number | Product<br>Code<br>(see instr.) | Name of seller | Origin<br>(city and state) | Destination<br>(Illinois cities only) | Seller's<br>license number | Invoiced<br>gallons |
|  |                                   |                     |   |       |  |  |              |          |   | 1//   |                   |                 |                                   | ,                               |                |                            |                                       |                            | <u> </u>            |
| 2//  |                                   |                     |   |       |  |  |              |          |   |   |                   |                 |                                   |                                 |                |                            |                                       |                            |                     |
| 3//  |                                   |                     |   |       |  |  |              |          |   |   |                   |                 |                                   |                                 |                |                            |                                       |                            |                     |
| 4//  |                                   |                     |   |       |  |  |              |          |   |   |                   |                 |                                   |                                 |                |                            |                                       |                            |                     |
| 5//  |                                   |                     |   |       |  |  |              |          |   |   |                   |                 |                                   |                                 |                |                            |                                       |                            |                     |
| 6//  |                                   |                     |   |       |  |  |              |          |   |   |                   |                 |                                   |                                 |                |                            |                                       |                            |                     |
| 7//  |                                   |                     |   |       |  |  |              |          |   |   |                   |                 |                                   |                                 |                |                            |                                       |                            |                     |
| 8//  |                                   |                     |   |       |  |  |              |          |   |   |                   |                 |                                   |                                 |                |                            |                                       |                            |                     |
| 9//  |                                   |                     |   |       |  |  |              |          |   |   |                   |                 |                                   |                                 |                |                            |                                       |                            |                     |
| 10//   |                                   |                     |   |       |  |  |              |          | ] |   |                   |                 |                                   |                                 |                |                            |                                       |                            |                     |
| 12 If you are filing If you are filing               | only one Sched<br>more than one S | ule LA, enter the a | rough 10, and enter<br>mount from Line 11<br>Line 11 from each s<br>x return. | here. |  | l on Line 12 of the  | e last page. | 11<br>12 |   |   |                   |                 |                                   |                                 |                |                            |                                       |                            |                     |

This form is authorized as outlined by the Motor Fuel Tax Law and the Environmental Impact Fee Law. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.