

**Do not file this return on  
paper.**

**Illinois law requires  
Form RMFT-5-X to be  
submitted electronically.**

**Use MyTax Illinois,  
available at  
[mytax.illinois.gov](http://mytax.illinois.gov), to file  
your return.**



# RMFT-5-X Amended Return/Claim for Credit Motor Fuel Tax for Distributor/Supplier

REV 01  
E S \_\_\_/\_\_\_/\_\_\_  
NS DP CA

Do not write above this line.

### Step 1: Identify yourself

Name \_\_\_\_\_

Original reporting period \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Distributor license number **D** \_\_\_\_\_ - \_\_\_\_\_

OR

Address \_\_\_\_\_  
Number and street

Supplier license number **S** \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone no. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Note:** All calculations of tax are based on gallon measurements (*i.e.*, a liquid gallon, a gasoline gallon equivalent, or a diesel gallon equivalent). For more information, see instructions for each column

### Step 2: Figure your total gallonage for the month

- Enter your actual (stick) inventory at the beginning of the month. This amount must agree with closing inventory of preceding month's return.
- Enter the number of gallons
  - produced, acquired, received or transported into Illinois tax-free (Schedule A, SA, or DA)
  - produced, acquired, received or transported into Illinois tax-paid (Schedule E or SE)
  - of combustible gases/1-K kerosene/alcohol sold for highway use (Schedule GA-1)
- Add Lines 1 through 2c. Remember to do calculations within each column.
- Enter your actual (stick) inventory at the end of the month.
- Subtract Line 4 from Line 3. This is your net gallonage for the month.

### Step 3: Figure your nontaxable gallonage

- Enter the number of gallons sold to the federal government, *etc.* (Schedule B, SB, or DB)
- Enter the number of gallons exported from Illinois (Schedule C, SC, or DC)
- Enter the number of gallons
  - sold and distributed tax-free to a distributor or supplier (Schedule D, SD, or DD)
  - sold and distributed tax-free to other than a distributor or supplier (Schedule DD-1)
  - of dyed diesel fuel you used for nonhighway purposes
- Enter the number of gallons lost due to fire, leakage, spillage, *etc.* (Schedule F)
- Enter the number of gallons of your loss due to temperature variation or evaporation **or** your gain due to temperature variation. Complete Line 10a **or** 10b per column.
  - Loss. **The amount of losses you claim are limited. See instructions.**
  - Gain.

- Add Lines 6 through 10b. This amount is your total nontaxable gallonage.
- Subtract Line 11 from Line 5. The amount in Column 3 should be zero.

### Steps 4 & 5: Figure your taxable gallonage

- Enter the number of gallons sold and distributed for taxable purposes.
- Enter the number of gallons you used in motor vehicles on public highways or for operating recreational-type watercraft on waters of Illinois.
- Enter the number of gallons you used for nontaxable (nonhighway) purposes.
- Add Lines 13, 14, and 15. This is your gross taxable gallonage.
- Enter the number of gallons on which tax was paid at the time of purchase. (Schedule E or SE)
- Subtract Line 17 from Line 16. This is your net taxable gallonage.

### As originally reported or adjusted

	Column 1 Gasoline Tax Rate	Column 2 Diesel Fuel Tax Rate	Column 3 Dyed diesel fuel
1	_____	_____	_____
2a	_____	_____	_____
2b	_____	_____	_____
2c	_____	_____	//////////
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8a	_____	_____	_____
8b	//////////	//////////	_____
8c	//////////	//////////	_____
9	_____	_____	_____
10	_____	_____	_____
10a	( )	( )	( )
10b	( )	( )	( )
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	//////////
14	_____	_____	//////////
15	_____	_____	//////////
16	_____	_____	//////////
17	_____	_____	//////////
18	_____	_____	//////////

### Corrected amounts

	Column 1 Gasoline Tax Rate	Column 2 Diesel Fuel Tax Rate	Column 3 Dyed diesel fuel
1	_____	_____	_____
2a	_____	_____	_____
2b	_____	_____	_____
2c	_____	_____	//////////
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8a	_____	_____	_____
8b	//////////	//////////	_____
8c	//////////	//////////	_____
9	_____	_____	_____
10	_____	_____	_____
10a	( )	( )	( )
10b	( )	( )	( )
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	//////////
14	_____	_____	//////////
15	_____	_____	//////////
16	_____	_____	//////////
17	_____	_____	//////////
18	_____	_____	//////////

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Follow our instructions for **each** column.

## As originally reported or adjusted

## Corrected amounts

### Step 6: Figure your tax

**19** Figure your gross tax due. If the amount on Line 18 is greater than zero, enter the amount from Line 18. Otherwise, enter "0" on Lines 19 - 21 within the column.

**a** \_\_\_\_\_ X gasoline tax rate. Enter the result on Line 19, Column 1.

Column 1, Line 18

**b** \_\_\_\_\_ X diesel fuel tax rate. Enter the result on Line 19, Column 2.

Column 2, Line 18

**20** If you originally filed and paid your tax due on time, figure your collection discount. See instructions.

Note: If you are increasing the amount of tax due, you **may not** increase the amount of your discount **unless** the increased tax due is paid on or before the due date of the original return. If you are decreasing the amount of tax due, refigure the amount of the discount to which you are entitled based on your new figures.

**21** Subtract Line 20 from Line 19. This is your net tax due by fuel type.

**22** Add Column 1, Line 21 and Column 2, Line 21. This is your **tax due**.

### Step 7: Figure the amount you owe

**23** Enter the amount of credit you wish to apply. (See instructions.)

**24** Subtract Line 23 from Line 22.

**25** Total amount paid to date for this reporting period.

**26** If Line 24, Corrected Amounts Column, is greater than Line 25, subtract Line 25 from Line 24, Corrected Amounts Column. This is the **amount you owe**.

**27** If Line 24, Corrected Amounts Column, is less than Line 25, subtract Line 24, Corrected Amounts Column, from Line 25. If you want to claim a credit, you must complete Step 9.

### Step 8: Sign and date your amended return

Under penalties of perjury, I state that I have examined this amended return, and, to the best of my knowledge, it is true, correct, and complete.

\_\_\_\_\_  
Signature of person, other than taxpayer, who prepared this return

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taxpayer's name

\_\_\_\_\_  
Preparer's phone number

\_\_\_\_\_  
Signature and title of taxpayer

\_\_\_\_\_  
Date

**Mail this return and payment to: Illinois Department of Revenue, PO Box 19019, Springfield, IL 62794-9019**

### Step 9: Complete your claim for credit - Complete Lines 28 through 30 if you are claiming a credit.

**28** Explain below why the amount for which you are filing this claim is alleged to be a mistake of fact or an error in law. Attach additional sheets, if necessary.

**29** Are you a party to a civil suit involving the above amounts?  yes  no

If "yes", what is the name of the suit? \_\_\_\_\_

**30** Sign below

\_\_\_\_\_  
Signature of claimant

\_\_\_\_\_  
Title (Indicate whether owner, partner, officer, or authorized agent)

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