



Illinois Department of Revenue

# MMFT-1 Municipal Motor Fuel Tax Return

Rev 01 Form 050

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NS DP CA RR

Do not write above this line.

Account ID: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Business name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

## Step 1: Figure your taxable gallons

You must round your figures to whole numbers. (See instructions.)

- 1** Total gallons sold - Enter the number of gallons of motor fuel subject to Municipal Motor Fuel Tax that you sold at retail. (Report only retail sales on this line.) **1** \_\_\_\_\_
- 2** Deductible gallons
  - a** Enter the number of gallons of motor fuel you sold to organizations that are exempt from paying Municipal Motor Fuel Tax. **2a** \_\_\_\_\_
  - b** Other deductible gallons allowed by law  
Enter the number of gallons **2b** \_\_\_\_\_  
Describe: \_\_\_\_\_
- 3** Total deductible gallons (Add Line 2a and Line 2b.) **3** \_\_\_\_\_
- 4** Taxable gallons (Subtract Line 3 from Line 1.) **4** \_\_\_\_\_

## Step 2: Figure your net tax and discount

### Taxable gallons sold at current rate

- 5** Enter the taxable gallons sold at the current rate in Line 5a. Multiply Line 5a by the applicable rate, and enter the result in Line 5b. See instructions. (Note: For multiple site filers, these totals come from Form MMFT-2. Attach Form MMFT-2 to your Form MMFT-1.)  
**5a** \_\_\_\_\_ **5b** \$ \_\_\_\_\_

### Taxable gallons sold at prior rate

- 6** Enter the taxable gallons sold at a prior rate in Line 6a. Multiply Line 6a by the applicable rate, and enter the result in Line 6b. See instructions. (Note: For multiple site filers, these totals come from Form MMFT-2. Attach Form MMFT-2 to your Form MMFT-1.) **6a** \_\_\_\_\_ **6b** \$ \_\_\_\_\_
- 7** Net Municipal Motor Fuel Tax due (Add Line 5b and Line 6b.) **7** \$ \_\_\_\_\_
- 8** If you qualify for the retailer's discount, multiply Line 7 by the applicable rate. (See instructions.) **8** \$ \_\_\_\_\_
- 9** Municipal Motor Fuel Tax after discount (Subtract Line 8 from Line 7.) **9** \$ \_\_\_\_\_
- 10** Enter excess Municipal Motor Fuel Tax collected **10** \$ \_\_\_\_\_
- 11** Total Municipal Motor Fuel Tax due (Add Line 9 and Line 10.) **11** \$ \_\_\_\_\_

## Step 3: Figure your payment due

- 12** Enter credit amount **12** \$ \_\_\_\_\_
- 13** Payment due (Subtract Line 12 from Line 11.) **13** \$ \_\_\_\_\_  
Make your payment to "Illinois Department of Revenue".

## Step 4: Sign below

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

Taxpayer's signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Preparer's signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Mail your completed return and payment to:

**MUNICIPAL MOTOR FUEL TAX  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19019  
SPRINGFIELD, IL 62794-9019**

This form is authorized by the Municipal Motor Fuel Tax Law. Disclosure of this information is REQUIRED. Failure to provide information may result in this form not being processed and may result in penalty.