Illinois Department of Revenue

PST-2 **Prepaid Sales Tax Statement of Tax Paid**

Step 1: Reseller's information

1 Reseller's business name _____

2 Reseller's Account ID ___ ___ ___ ___ - ___ ___ ___ ___   **3** Period covered ___ ___/ ___ ___ ___ ___
                                                                              Month   Year

Step 2: Retailer's information

4 Retailer's business name _____

5 Retailer's business address _____
                                  Number and street   City   State   Zip

6 Retailer's Account ID ___ ___ ___ ___ - ___ ___ ___ ___   **7** Phone number(_____)_____

Step 3: Figure your prepaid tax (Do not write negative amounts.)

8 Biodiesel blends (1% - 10%) subject to prepaid sales tax
   a Enter the total number of gallons.   8a_____
   b Multiply Line 8a by _____.   8b _____.____
         (rate)

9 Other motor fuel subject to prepaid sales tax
   a Enter the total number of gallons.   9a_____
   b Multiply Line 9a by _____.   9b _____.____
         (rate)

10 Add Lines 8b and 9b. This is your total prepaid tax.   10 _____.____

PST-2 (R-07/17)

Illinois Department of Revenue

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Number and street   City   State   Zip

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     (rate)
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  a Enter the total number of gallons.   **9a**_____
  b Multiply Line 9a by _____.   **9b** _____.___
     (rate)
10 Add Lines 8b and 9b. This is your total prepaid tax.   **10** _____.___

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This form is authorized as outlined under the Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in penalty.