



1 Reseller's business name \_\_\_\_\_

2 Reseller's Account ID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3 Period covered \_\_\_\_\_ / \_\_\_\_\_  
Month Year

4 Retailer's business name \_\_\_\_\_

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

6 Retailer's Account ID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7 Phone number (\_\_\_\_\_) \_\_\_\_\_

**Figure your prepaid tax** (Do not use negative amounts.)

8 Gasohol (E15 only) subject to prepaid sales tax  
 a Enter the total number of gallons.  
 b Multiply Line 8a by \_\_\_\_\_<sup>(rate)</sup>

8a \_\_\_\_\_ 8b \_\_\_\_\_

9 Mid-range ethanol blends subject to prepaid sales tax  
 a Enter the total number of gallons.  
 b Multiply Line 9a by \_\_\_\_\_<sup>(rate)</sup>

9a \_\_\_\_\_ 9b \_\_\_\_\_

10 Diesel fuel containing 1% - 10% bio/renewable diesel subject to prepaid sales tax  
 a Enter the total number of gallons.  
 b Multiply Line 10a by \_\_\_\_\_<sup>(rate)</sup>

10a \_\_\_\_\_ 10b \_\_\_\_\_

11 Other motor fuel subject to prepaid sales tax  
 a Enter the total number of gallons.  
 b Multiply Line 11a by \_\_\_\_\_<sup>(rate)</sup>

11a \_\_\_\_\_ 11b \_\_\_\_\_

12 Add Lines 8b, 9b, 10b, and 11b. This is your total prepaid tax. 12 \_\_\_\_\_

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PST-2 (R-01/24)

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**Illinois Department of Revenue**  
**PST-2 Prepaid Sales Tax Statement of Tax Paid**

**Copy C** Rev 02  
 Reseller's copy  
 Attach to PST-1

- 1 Reseller's business name \_\_\_\_\_
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**Copy D** Rev 02

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