



Read this information first

- If you are making a payment with this return, enter the amount you are paying here.
If you are claiming an overpayment on this return and you collected the overpaid tax from your customer(s), you must refund the tax to your customer(s) before filing this return.

Step 1: Identify your business

- 1 Account ID:
2 Reporting period you are amending:
3 Business name

Step 2: Mark the reason you are filing an amended return

- 1 I made a computational error.
2 I should have taken a deduction or a larger deduction on my original return because I sold motor fuel
3 I put an amount on the wrong line on either Form CMFT-1 or Form CMFT-2.
4 I took a deduction on my original return that was not allowed or was too large.
5 The original account ID was incorrect.
6 The original reporting period was incorrect.
7 Other. Please explain.

Please turn page to complete Steps 3 and 4.

This form is authorized by the County 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.



Step 3: Correct your financial information

When entering your figures, round to the nearest whole number.

Column A

Most recent figures filed

Column B

Figures as they should have been filed

If you originally filed Form CMFT-2, Multiple Site Form, you must also file Form CMFT-2-X, Amended Multiple Site Form, and use the figures from it to complete Lines 4 and 5 below.

1 Enter the total gallons subject to County Motor Fuel Tax that you sold at retail.	1 _____	1 _____
2 Deductible gallons		
a Enter the number of gallons of motor fuel you sold to organizations that are exempt from paying County Motor Fuel Tax.	2a _____	2a _____
b Other deductible gallons allowed by law Enter the number of gallons. Describe: _____	2b _____	2b _____
3 Add Line 2a and Line 2b. The sum is the total deductible gallons.	3 _____	3 _____
4 Subtract Line 3 from Line 1. The difference is the taxable gallons.	4 _____	4 _____
5a Enter the taxable gallons sold — Note: For multiple site filers, this total comes from Form CMFT-2-X. Attach Form CMFT-2-X to your Form CMFT-1-X.	5a _____	5a _____
5b Multiply Line 5a by the applicable rate. (See instructions.) Note: For multiple site filers, this total comes from Form CMFT-2-X. Attach Form CMFT-2-X to your Form CMFT-1-X.	5b \$ _____	5b \$ _____
6a Enter the taxable gallons sold at prior rate — Note: For multiple site filers, this total comes from Form CMFT-2-X. Attach Form CMFT-2-X to your Form CMFT-1-X.	6a _____	6a _____
6b Multiply Line 6a by the applicable rate. (See instructions.) Note: For multiple site filers, this total comes from Form CMFT-2-X. Attach Form CMFT-2-X to your Form CMFT-1-X.	6b \$ _____	6b \$ _____
7 Net County Motor Fuel Tax due (Add Line 5b and Line 6b.)	7 \$ _____	7 \$ _____
8 Discount (See instructions)	8 \$ _____	8 \$ _____
9 Subtract Line 8 from Line 7. This is the net County Motor Fuel Tax due.	9 \$ _____	9 \$ _____
10 Enter excess County Motor Fuel Tax collected.	10 \$ _____	10 \$ _____
11 Add Line 9 and Line 10. This is total tax due.	11 \$ _____	11 \$ _____
12 Enter credit amount.	12 \$ _____	12 \$ _____
13 Subtract Line 12 from Line 11. This is the tax due.	13 \$ _____	13 \$ _____
14 Enter the total amount you have paid. (See instructions.)		14 \$ _____
15 If Line 14 is greater than Line 13, Column B, enter the difference. This is the amount you have overpaid . Go to Step 4.		15 \$ _____
16 If Line 14 is less than Line 13, Column B, enter the difference. This is the amount you have underpaid . Please pay this amount. Go to Step 4.		16 \$ _____

Make your payment to "Illinois Department of Revenue."

Please enter the amount you are paying on the line provided on the front of this return.

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. Under penalties of perjury, I state that I have unconditionally refunded to my customer(s) any overpaid tax that I collected from my customer(s) and am claiming as an overpayment on this return.

Taxpayer's signature

Title

Phone

Date

Preparer's signature

Title

Phone

Date

Mail this return and any payment you owe to:

**COUNTY MOTOR FUEL TAX
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19034
SPRINGFIELD IL 62794-9034**

