



Illinois Department of Revenue
CMFT-2 Multiple-Site Form

Attach to Form CMFT-1

REV 03 Form 025

Do not write above this line.

Account ID: _____ Reporting Period: _____

You must round your figures to the nearest whole number. See instructions.
 Site where the taxable retail sale was made:

Location code _____
 Site name _____
 Site address _____
 City, state, ZIP _____

Taxable gallons
5a _____ X _____ = **5b** \$ _____
 (Tax Rate)

Taxable gallons at prior rate
6a _____ **6b** \$ _____

Location code _____
 Site name _____
 Site address _____
 City, state, ZIP _____

Taxable gallons
5a _____ X _____ = **5b** \$ _____
 (Tax Rate)

Taxable gallons at prior rate
6a _____ **6b** \$ _____

Location code _____
 Site name _____
 Site address _____
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Location code _____
 Site name _____
 Site address _____
 City, state, ZIP _____

Taxable gallons
5a _____ X _____ = **5b** \$ _____
 (Tax Rate)

Taxable gallons at prior rate
6a _____ **6b** \$ _____

Page totals (See instructions for multiple pages.)

5a _____ **5b** _____
6a _____ **6b** _____

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 a penalty.

