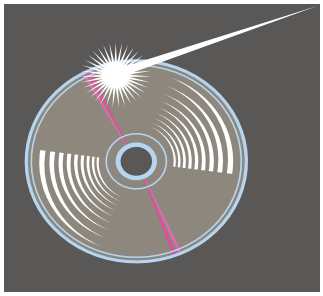
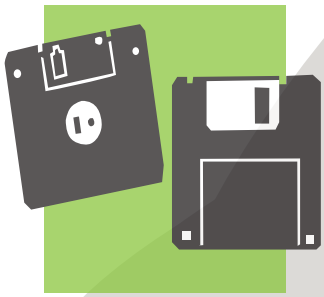
Illinois Department of Revenue

Magnetic Media Filing Formats for Motor Fuel Reporting



Compact Disc



3.5 Diskette

Motor Fuel Compliance Review
&
Licensing Section
217 782-2291

Table of Contents

FORMAT SPECIFICATIONS FOR PC DISK OR DISKETTE FILING

Instructions for Showing Blended Fuel on Receipt Schedules 4

Diskette and Compact Disc (CD) Filing Specifications for Motor Fuel Schedules 5

Example of Transmittal..... 6

Data Records Explanation 6

Gen. Infor. , Record Layouts and Sch. , Data Fields, Gallon Fields, and Contact Information..... 7

Each schedule with its respective layout..... 8

Total records (Schedule, License, and File) 54

Instructions for Showing Blended Fuel on Receipt Schedules

To show blending you need 2 records. The first is to subtract the fuel, and the second is to add the blended fuel back in. The receipt schedules are “A”, “SA”, “LA” and “DA”.

Enter all of the information exactly as you would normally, with the following exceptions:

1 **Filing Indicator,** position 26:

Record 1 - Use an “N” to indicated Negative Data to take the fuel out.
Record 2 - Use an “O” to indicate Original Data to add the blended fuel back in.

2 **Net Gallons,** positions 178 - 187:

Record 1 - Enter gallons to be subtracted.
Record 2 - Enter gallons to be added.

(Use a POSITIVE number in both cases, the Filing Indicator will tell our system whether it should be subtracted or added.)

3 **Seller’s License Number,** positions 94 - 113:

Both records - Use your own License number. Do not leave the field blank or zero fill.

4 **Seller’s Name,** positions 74 - 93:

Record 1 - Enter “XFER TO SCHED M”
Record 2 - Enter “XFER FR SCHED M”

5 **Invoice Date,** positions 114 - 119:
BOL Date, positions 132 - 137:

Both records - Enter the date of transfer in both fields.

6 **Tax Type,** position 188:

Both records - Enter a “3” into both fields.

7 **Receipt Type,** position 199:

Both records - Enter a “1” into both fields.

8 **Invoice Number,** positions 120 - 131:
BOL Number, positions 138 - 147:

Origin, positions 212 - 226:
Destination, Positions 227 - 241:
Carrier Name, positions 242 - 256:

Both records - You can enter anything you want in these fields except all spaces or all zeroes.

Note: Gallons with Filing Indicator of “N” should be subtracted when accumulating gallons for Schedule total (record “S”), Vendor total (record “V”), and File total (record “Z”).

Diskette and Compact Disc (CD) Filing Specifications For Motor Fuel Schedules

1 Diskettes used shall be 3.5 HD, or 3.5 and compact disc (in Joliet format).

2 Diskette and CD's will **not** be returned.

3 External label shall be created per IDOR label format on Page 6, and placed directly on the diskette/CD.

4 Data records shall be created per IDOR record layouts described on Pages 8 through 52.

5 IDOR permits only one liability period per diskette/CD file.

6 All diskettes must contain fixed length records of the length specified on the record layouts. Each record must be terminated by an additional two (2) bytes ASCII record terminator of a Carriage Return and Line Feed (CRLF).

7 Recording mode must be IBM standard ASCII.

8 All schedules must be entered in filer license number, schedule type order, record type, and purchaser or seller license number order within the schedule type.

9 All motor fuel schedules, except for schedules "F" and "J" must be filed on diskette.

10 Only supporting schedules for the original return must be filed on diskette or CD. All amended schedule information must be filed on paper.

11 Standard Point Location Codes (SPLC) and Standard Carrier Alpha Codes (SCAC) published by The National Motor Freight Traffic Association will **NOT** be utilized.

12 Filer's paper schedules must accompany the return for at least two months following magnetic filing approval, unless otherwise notified by IDOR. If no notification is received, paper schedule submission may cease after two liability periods.

13 A transmittal sheet must accompany each file showing filer's name and license number, liability period, creation date, and total transactions on the diskette(s), do not save the transmittal to the diskette.

14 Records or blocks of data may not span diskettes.

15 Use of compression utility PKZIPR is encouraged.

16 The filing agent is required to have an updated Form IL-2848, Power of Attorney, for all clients filing through the diskette process.

17 The filing agent must sign all transmittal forms as "Agent for Taxpayers" included on the diskette file being submitted.

18 IDOR reserves the right to revoke a Motor Fuel License due to non-compliance with requirements or specifications.

19 The filing agent must adhere to all IDOR diskette requirements and specifications.

20 Do not submit returns and/or remittance with your magnetic media. Continue to send returns to the address indicated on the return form.

21 Please send diskette(s) and accompanying documents to:

MOTOR FUEL COMPLIANCE REVIEW AND LICENSING SECTION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19477
SPRINGFIELD IL 62794-9477

Example of Transmittal Which Will Need to Accompany Each File

Illinois Motor Fuel Schedules Diskette Transmittal

Filing Agent Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Filing Agent Address: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Filing Agent City, State, Zip: XXXXXXXXXXXXXXXXXXXX XX XXXXX
Filing Agent Phone: (999) 999-9999
Liability Period: 99/99
Creation Date: 99/99/99

Filer's Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Filer's License: X - 99999

License	Schedule	Number of Transactions
09999	A	99,999
	C	999
	.	.
	.	.
	.	.
	'S'	5
	'V'	1
19999	LA	999
	.	.
	.	.
	.	.
	'S'	4
	'V'	1
	'Z'	1
Total Records		999,999

MUST APPEAR FOR EACH FILER

Reminder: Please put the following information on your external label on the diskette(s)
Your license number
Your company name
Liability period
Creation date
Sequence number, if more than one diskette (example: 1 of 2, 2 of 2, etc.)

Note: Distributor/Supplier and Receiver license numbers are two separate filer license numbers.

Data Records Explanation

1 The following explains the types of data records that are to be used when filing on diskette. Each record is a fixed length record of 256 bytes.

A Detail record - Schedule entry line items. Four different types may be submitted by setting the filing indicator in the record.

- **1** Original Entry - All initial entries filed with the return.
- **2** Reversal Entry - An exact copy of the Original Entry that needs to be corrected.
- **3** Correction Entry - Replaces an entry that was submitted in error.
  Note: A Reversal Entry must be submitted that corresponds to this Correction Entry
- **4** Negative Entry - Negates or reduces the balance of an Original Entry, using a different Invoice Number. Used when original Invoice Number is not available, however the BOL# should remain the same as originally reported.

B Schedule Total Record - Accumulated totals for schedule entries of each schedule. Required at the end of Schedule Entry Records for each schedule written to the file.

C License Total Record - Summary total of all entries from all schedule total records for each licensed filer. Required at the end of the final schedule total records for each licensed filer.

D File Total Record - Summary total of all entries from all schedules. Required as the last record on the diskette file.

General Information

1. All numeric fields are in unpacked format, preceded with zeroes, right justified and zero-filled when not used.
2. All alphanumeric fields are to be left justified and space-filled when not used.
3. Not all fields in the data records are required. Refer to the record layouts and schedules to determine which fields are required for the schedules you are submitting on the diskette file.
4. Incompatible files or variances from these specifications shall not be accepted. Any file that cannot be read will be required to be replaced.

Record Layouts and Schedules

To ensure proper formatting of records, an example of each schedule has been included in this book with a record layout. The record layout for an entry record is the same for all schedules. However, each schedule requires varying information. Thus, each schedule is listed with its report layout requirements.

The record layouts have a column titled "FLD" that numbers each field in the record. The example schedules have circled numbers that correspond to these field numbers.

If the field number does not have a corresponding number on the schedule, enter whatever is shown in the "Remarks" column of the record layout.

Date Fields

The century must not be included for reporting periods and invoice dates on the magnetic media records.

Gallon Fields

The invoice gallon field for 'E' records is 10 bytes long. This includes a one digit decimal position. The decimal point is implied and should not be entered. Gallons should be rounded to the nearest whole gallon. The field should be right justified and left zero filled with a zero in the one digit decimal position.

Example: 25,963.6 gallons would be rounded and entered as 0000259640.
25,963.2 gallons would be rounded and entered as 0000259630.

The total invoice gallon field on record types 'S', 'V', and 'Z' is 15 bytes long with a one digit decimal position. The decimal point is implied and should not be entered. The field should be right justified and left zero filled with a zero in the one digit decimal position.

Example: 245,693.0 gallons would be entered as 000000002456930.

For Schedule MG and MS each whole gallon of the primary and blending agent must add together to exactly equal the end product.

To accumulate the total record gallons:

- 'S' record gallons are accumulated by adding all 'E' record gallons for the specified schedule with a filing indicator of 'O' or 'C'. Gallons with a filing indicator 'R' and 'N' should be subtracted from the total.
- Gallons for record 'V' should be the accumulated gallons for all 'S' records for the specified license number.
- Gallons for record 'Z' should be the accumulated gallons for all 'V' records.

Contact Information

Call us at: **1 800 732-8866** or **217 782-2291**

Call our TDD at: **1 800 544-5304**
(telecommunications device for the deaf)

Write us at: **MOTOR FUEL COMPLIANCE REVIEW AND LICENSING SECTION**
ILLINOIS DEPARTMENT OF REVENUE
P O BOX 19477
SPRINGFIELD IL 62794-9477

For technical help: **217 785-6744**
(Diskettes)

Illinois Department of Revenue

Schedule A

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF
Gasoline Products Produced, Acquired, Received, or Transported into Illinois

Page ____ of ____

Step 1: Complete the following information

Gas & Oil Co. (8)
Company name

D-04321 (1)
Your license number

Reporting period 0 7 / 2 0 0 0 (9)
Month Year

(23)

Check the tax/fee type you are listing on this page.
- ☐ MFT-free only
- ☐ UST-/EIF-free only
- ☒ Both MFT- and UST-/EIF-free

(26) Check the receipt type that you are listing on this page.
- ☒ Gasoline products received in Illinois
- ☐ Gasoline products imported into Illinois
- ☐ Gasoline products produced in your Illinois refinery

Step 2: Report your tax- and fee-free purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of seller	6 Origin (city and state)	7 Destination (Illinois cities only)	8 Seller's license number	9 Invoiced gallons
1	07/17/2000	A1234	AB Trucking	B5678	Test Oil Co.	Chicago, IL	Springfield	D-02345	15,000
2	(17)	(18)	(31)	(20)	(15)	(29)	(30)	(16)	(22)

Motor Fuel Uniform Schedules

Schedule "A" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '08' - for receiver (If '08', must be same as Field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'A ' .
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**SELLER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**SELLER NAME**	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "A" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**SELLER LICENSE NUMBER**	Enter seller license type.
			N	94 - 95 Type	'01' - for distributor '08' - for receiver (If '08', must be same as field 01)
			N	96 - 100 Sequence	Seller license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**TAX TYPE**	Enter tax type. 1 - MFT-Free only 2 - UST-/EIF-Free only 3 - Both MFT - and UST-/EIF-Free
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 198	9	A	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 199	1	A/N	**RECEIPT TYPE**	Enter schedule gallon type. '1' - Illinois receipts '2' - Imported '3' - Produced
27	200 - 210	11	A	**FILLER**	Space fill.
28	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
29	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
30	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
31	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

GAS - GASOLINE

Illinois Department of Revenue

Schedule B

Attach to Form RMFT-5

Motor Fuel Tax

Gasoline Products Sold to the Federal Government, Authorized Foreign Diplomats, Municipal Corporations Owning and Operating Local Transportation Systems, to Certain Privately Owned Public Utilities, Non-Recreational Type Watercraft, or for Aviation Purposes

Step 1: Complete the following information

Gas & Oil Co. (8)
Company name

D-04321 (1)
Your license number

Reporting period 0 7 / 2 0 0 0 (9)
Month Year

Step 2: Report your nontaxable sales to the federal government, authorized foreign diplomats, etc.

	1 Invoice date (month, day, year)	2 Invoice or serial number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Invoiced gallons
1	07/18/2000	C15643	XZ Transport	A19565	Test Oil Co.	Moline	Rock Island	9,500
2	(17)	(18)	(30)	(20)	(15)	(28)	(29)	(22)

Motor Fuel Uniform Schedules

Schedule "B" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'B ' .
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "B" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**FILLER**	Zero fill.
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 198	9	A	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 210	12	A	**FILLER**	Space fill.
27	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
28	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

GAS - GASOLINE

Illinois Department of Revenue

Schedule C

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF
Sales and Transfers of Gasoline Products
Delivered to Points Outside of Illinois

Page ____ of ____

Step 1: Complete the following information

Gas & Oil Co. (8)
Company name

D-04321 (1)
Your license number

MO (27)
Name of state into which shipments were made

Reporting period 0 7 / 2 0 0 0 (9)
Month Year

Step 2: Report your exported gallons

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (city and state)	8 Invoiced gallons
1	07/20/2000	169877	ABC Trucking	B165544	Test Oil Co.	Springfield	St. Louis, MO	8,800
2	(17)	(18)	(31)	(20)	(15)	(29)	(30)	(22)

Motor Fuel Uniform Schedules

Schedule "C" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'C ' .
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "C" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**FILLER**	Zero fill.
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 198	9	A	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 208	10	A	**FILLER**	Space fill.
27	209 - 210	2	A	**EXPORT STATE**	Enter valid postal abbreviation for the export state.
28	211-211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
29	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
30	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
31	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

GAS - GASOLINE

Illinois Department of Revenue

Schedule D

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF
Gasoline Products Sold and Distributed Tax- and Fee-Free in Illinois to Licensed Distributors and Receivers

Page ____ of ____

Step 1: Complete the following information

Test Oil Co. (8)
Company name

D-02345 (1)
Your license number

Reporting period 0 7/2 0 0 0 (9)
Month Year

Check the tax/fee type you are listing on this page. (23)

- [X] MFT-free only
- [ ] UST-/EIF-free only
- [ ] Both MFT- and UST-/EIF-free

Step 2: Report your tax- and fee-free sales

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Purchaser's license number	9 Invoiced gallons
1	07/17/2000	A1234	XT Transport	B5678	Gas & Oil Co.	Joliet	Lincoln	D-04321	15,000
	(17)	(18)	(30)	(20)	(15)	(28)	(29)	(16)	(22)

Motor Fuel Uniform Schedules

Schedule "D" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '08' - for receiver (If '08', must be same as field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'D ' .
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "D" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Enter purchaser license type: '01' - for distributor '08' - for receiver (If '08', must be same as field 01)
			N	96 - 100 Sequence #	Purchaser license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**TAX TYPE**	Enter tax type. 1 - MFT-Free only 2 - UST-/EIF-Free only 3 - Both MFT- and UST-/EIF-Free
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 198	9	A	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 210	12	A	**FILLER**	Space fill.
27	211-211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
28	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

GAS - GASOLINE

Illinois Department of Revenue

Schedule E

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF
Tax- and Fee-Paid Purchases

Page ____ of ____

Step 1: Complete the following information

Gas & Oil Co. (8)
Company name

D-04321 (1)
Your license number

Reporting period 07 2 0 0 0 (9)
Month Year

(23) Check the tax/fee type you are listing on this page.

- ☐ MFT-paid only
- ☒ UST-/EIF-paid only
- ☐ Both MFT- and UST-/EIF-paid

(25) Check the product type you are listing on this page.

- ☒ Gasoline products
- ☐ Combustible gases
- ☐ Alcohol

Step 2: Report your tax- and fee-paid purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of seller	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Seller's license number	9 Invoiced gallons
1	07/20/2000	B1234	AZ Trucking	L98765	Test Oil Co.	Chicago	Peoria	D-02045	4,000
2	(17)	(18)	(30)	(20)	(15)	(28)	(29)	(16)	(22)

Motor Fuel Uniform Schedules

Schedule "E" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '08' - for receiver (If '08', must be same as field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'E ' .
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**SELLER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**SELLER NAME**	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "E" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**SELLER LICENSE NUMBER**	
			N	94 - 95 Type	Enter seller license type: '01' - for distributor '08' - for receiver (If '08', must be same as field 01)
			N	96 - 100 Sequence #	Seller license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**TAX TYPE**	Enter tax type. 1 - MFT-Paid only 2 - UST-/EIF-Paid only 3 - Both MFT- and UST-/EIF-Paid
24	189 - 189	1	A	**FILLER**	Space fill.
25	190 - 198	9	A	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 210	12	A	**FILLER**	Space fill.
27	211-211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
28	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

GAS - GASOLINE
ALC - ALCOHOL
CNG - COMBUSTIBLE GASES

Illinois Department of Revenue

Schedule M — Gasoline

Attach to Form RMFT-5

MFT, UST, and EIF Products Used for Blending

Page ____ of ____

Step 1: Complete the following information

Company name: Gas & Oil Co. (8)

Your license number: D-05633 (1)

Reporting period: 1 0/2 0 0 7 (9)

Do not report special fuel (such as diesel) on this schedule. Use Schedule M-Special Fuels.

Step 2: Report your blending activity (If column 2a, 3a, or 4b is used, write the exact name of the product on the line provided.)

1	2 Primary product gallons (Report one product type per page.)			3 Blending agent gallons			4 Total and product gallons	
Blended date (month, day, year)	a Gasoline	b Ethanol	c Other (identify)	a Gasoline	b Ethanol	c Other (identify)	a Gasohol	b Other (identify)
1 10072007	6,343				660		7,003	
2 (19)	(28)				(32)		(23)	

Motor Fuel Uniform Schedules

Schedule "M" - Gasoline (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'MG ‘.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILLER**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73-73	1	N	**FILLER**	Not used by IDOR. Zero fill.
15	74-93	20	A/N	**PURCHASER NAME**	Space fill.

Motor Fuel Uniform Schedules

Schedule "M" - Gasoline (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6	N	**INVOICE DATE**	Zero fill.
18	120 - 131	12	A	**INVOICE NUMBER**	Space fill.
19	132 - 137	6		**BLENDING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 146	9	A	**END PRODUCT CODE**	Enter 3 character product code. *** If not contained within code table, enter product name.
21	147 - 147	1	A	**FILLER**	Space fill.
22	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
23	178 - 187	10	N	**END PRODUCT GALLONS**	Total end product gallons. Format 9(9)V9.
24	188 - 188	1	N	**FILLER**	Zero fill.
25	189 - 189	1	A	**FILLER**	Space fill.
26	190 - 198	9	A	**PRIMARY PRODUCT CODE**	Enter 3 character product code. *** If not contained within code table, enter product name.
27	199 - 199	1	A	**FILLER**	Space fill.
28	200 - 209	10	N	**PRIMARY PRODUCT GALLONS**	Primary product gallons. Format 9(9)V9
29	210 - 210	1	A	**FILLER**	Space fill.
30	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette or CD.
31	212 - 221	10	N	**BLENDING AGENT GALLONS** Column a	Blending gasoline gallons Column a. Format 9(9)V9.
32	222 - 231	10	N	**BLENDING AGENT GALLONS** Column b	Blending ethanol/alcohol gallons Column b. Formal 9(9)V9.
33	232 - 240	9	A	**BLENDING AGENT NAME** Column c	Enter actual product name. If different from gasoline or ethanol/alcohol.
34	241 - 250	10	N	**BLENDING AGENT OTHER** Gallons Column c	Blending other gallons Column c. Format 9(9)V9.
35	251 - 256	6	A	**FILLER**	Space fill.

* PRODUCT CODE

GAS - GASOLINE
ETH - ETHANOL/ALCOHOL
GHL - GASOHOL

Illinois Department of Revenue

Schedule M — Special Fuels

Attach to Form RMFT-5

MFT, UST, and EIF Products Used for Blending

Page ____ of ____

Step 1: Complete the following information

Company name: Test Oil Co. (8)

Your license number: D-02345 (1)

Reporting period: 1 0/2 0 0 7 (9)

Do not report gasoline blending on this schedule. Use Schedule M—Gasoline.

Step 2: Report your blending activity (If Column 3c or 4b is used, write the exact name of the product on the line provided.)

1	2 Primary product gallons (Report one product type per page)			3 Blending agent gallons			4 Total end product gallons	
Blended date (month, day, year)	a Undyed Diesel	b Dyed Diesel	c Other (identify)	a B100/Soy Oil	b 1-K Kerosene	c Other (identify)	a Bio/Petro Diesel Blend	b Other (identify)
1 10072007	6,675			840			7,515	
2 (19)	(28)			(31)			(23)	

Motor Fuel Uniform Schedules

Schedule "M" - Special Fuels (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'MS ‘.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILLER**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**FILLER**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**PURCHASER NAME**	Space fill.

Motor Fuel Uniform Schedules

Schedule "M" - Special Fuels (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6	N	**INVOICE DATE**	Zero fill.
18	120 - 131	12	A	**INVOICE NUMBER**	Space fill.
19	132 - 137	6		**BLENDING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 146	9	A	**END PRODUCT CODE**	Enter 3 character product code. *** If not contained within code table, enter product name.
21	147 - 147	1	A	**FILLER**	Space fill.
22	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
23	178 - 187	10	N	**END PRODUCT GALLONS**	Total end product gallons. Format 9(9)V9.
24	188 - 188	1	N	**FILLER**	Zero fill.
25	189 - 189	1	A	**FILLER**	Space fill.
26	190 - 198	9	A	**PRIMARY PRODUCT CODE**	Enter 3 character product code. *** If not contained within code table, enter product name.
27	199 - 199	1	A	**FILLER**	Space fill.
28	200 - 209	10	N	**PRIMARY PRODUCT GALLONS**	Primary product gallons. Format 9(9)V9
29	210 - 210	1	A	**FILLER**	Space fill.
30	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette or CD.
31	212 - 221	10	N	**BLENDING AGENT GALLONS** Column a	Blending soy gallons Column a. Format 9(9)V9.
32	222 - 231	10	N	**BLENDING AGENT GALLONS** Column b	Blending 1K gallons Column b. Formal 9(9)V9.
33	232 - 240	9	A	**BLENDING AGENT NAME** Column c	Enter actual product name. If different from soy or 1K.
34	241 - 250	10	N	**BLENDING AGENT OTHER** Gallons Column c	Blending other gallons Column c. Format 9(9)V9.
35	251 - 256	6	A	**FILLER**	Space fill.

* PRODUCT CODE

SPF - UNDYED DIESEL
DYE - DYED DIESEL
SOY - SOY OIL/BI00/B99.9
1K - 1-K KEROSENE
BIO - BIO DIESEL/PETRO BLEND

Illinois Department of Revenue
Schedule GA-1
Attach to Form RMFT-5

Motor Fuel Tax
Alcohol, Compressed Gases, or 1-K Kerosene
Sold in Illinois as Motor Fuel

Page ____ of ____

Step 1: Complete the following information

Company name (8)

Your license number (1)

Reporting period ___/___ (Month) ___ (Year) (9)

Check the product type you are listing on this page.

- ☐ LP gas
- ☐ Alcohol (25)
- ☐ 1-k kerosene
- ☐ Other (specify: _____)

Step 2: Report your tax-paid sales

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Purchaser's license number	9 Invoiced gallons
1	/ /								
2	(17)	(18)	(30)	(20)	(15)	(28)	(29)	(16)	(22)

Motor Fuel Uniform Schedules

Schedule "GA-1" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'GA1'.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "GA-1" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			A/N	94 - 95 Type	Enter purchaser license type: '01' - for distributor '02' - for supplier 'RO'- for retail outlet
			N	96 - 100 Sequence #	Purchaser license number. (Leading zeroes, if 4 digit license number.) If 'RO', enter zeroes.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**FILLER**	Zero fill.
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 198	9	A	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 210	12	A	**FILLER**	Space fill.
27	211-211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
28	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

LPG - LIQUID PROPANE GAS
1K - KEROSENE
ALC - ALCOHOL

Illinois Department of Revenue

Schedule DA

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF
Dyed Diesel Fuel Produced, Acquired, Received, or Transported into Illinois

Page ____ of ____

Step 1: Complete the following information

Company name (8)

Your license number (1)

Reporting period __ __/__ __ __ __ (9)
Month Year

Check the tax/fee type you are listing on this page. (23)
- ☐ MFT-free only
- ☐ UST-/EIF-free only
- ☐ Both MFT- and UST-/EIF-free

Check the receipt type you are listing on this page. (25)
- ☐ Dyed diesel fuel received in Illinois
- ☐ Dyed diesel fuel imported into Illinois
- ☐ Dyed diesel fuel produced in Illinois

Step 2: Report your tax- and fee-free purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of seller	6 Origin (city and state)	7 Destination (Illinois cities only)	8 Seller's license number	9 Invoiced gallons
1	__/__/____								
2	(17)	(18)	(30)	(20)	(15)	(28)	(29)	(16)	(22)

Motor Fuel Uniform Schedules

Schedule "DA" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver (if '08', must be same as field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'DA ' .
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**SELLER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**SELLER NAME**	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "DA" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**SELLER LICENSE NUMBER**	
			N	94 - 95 Type	Enter seller license type: '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as field 01)
			N	96 - 100 Sequence #	Seller license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**TAX TYPE**	Enter tax type. 1 - MFT-Free only 2 - UST-/EIF-Free only 3 - Both MFT- and UST-/EIF-Free
24	189 - 198	10	A	**FILLER**	Space fill.
25	199 - 199	1	A/N	**RECEIPT TYPE**	Enter schedule gallon type. '1' - Illinois receipts '2' - Imported '3' - Produced
26	200 - 210	11	A	**FILLER**	Space fill.
27	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
28	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

Illinois Department of Revenue

Page____ of ____

Schedule DB

Motor Fuel Tax

Dyed Diesel Fuel sold for Nonhighway Use to the Federal Government, Authorized Foreign Diplomats, Municipal Corporations Owning and Operating Local Transportation Systems, to Certain Privately Owned Public Utilities

Attach to Form RMFT-8

Step 1: Complete the following information

Gas & Oil Co. (8)
Company name

S-04321 (1)
Your license number

(9)
Reporting period 0 7 / 2 0 0 0
Month Year

Step 2: Report your nontaxable sales to the federal government, authorized foreign diplomats, etc.

	1 Invoice date (month, day, year)	2 Invoice or serial number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Invoiced gallons
1	07/17/2000	12356	Carrier Co.	B9750	ABX Mass Transit	Morris	Monmouth	15,000
2	(17)	(18)	(29)	(20)	(15)	(27)	(28)	(22)

Motor Fuel Uniform Schedules

Schedule "DB" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'DB '.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.

Motor Fuel Uniform Schedules

Schedule "DB" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
15	74 - 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**FILLER**	Zero fill.
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 210	21	A	**FILLER**	Space fill.
26	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
27	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
28	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
29	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

Illinois Department of Revenue

Schedule DC

Attach to Forms RMFT-5 and Form RMFT-5-US

MFT, UST, and EIF
Sales and Transfers of Dyed Diesel Fuel
Delivered to Points Outside of Illinois

Page ____ of ____

Step 1: Complete the following information

Company name: _____

Filer license number: _____

Name of state into which shipments were made: _____

Reporting period ____/____ (Month / Year)

Step 2: Report your exported gallons

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (city and state)	8 Invoiced gallons
1	__/__/____							
2	__/__/____							

Motor Fuel Uniform Schedules

Schedule "DC" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'DC ' .
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.

Motor Fuel Uniform Schedules

Schedule "DC" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
15	74 - 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**FILLER**	Zero fill.
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 208	19	A	**FILLER**	Space fill.
26	209-210	2	A	**EXPORT STATE**	Enter valid postal abbreviation for the export state.
27	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
28	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

Illinois Department of Revenue
Schedule DD
Attach to Form RM/FT-5 or Form RM/FT-5-US

MFT, UST, and EIF
Dyed Diesel Fuel Sold and Distributed
Tax- and Fee-Free in Illinois to Licensed Distributors or Suppliers

Page ____ of ____

Step 1: Complete the following information

Test Oil Co. (8)
Company name

D-02345 (1)
Your license number

Reporting period 0 7 / 2 0 0 0 (9)
Month Year

(23) Check the tax/fee type you are listing on this page.

- ☐ MFT-free only
- ☒ UST/EIF-free only
- ☐ Both MFT- and UST/EIF-free

Step 2: Report your tax- and fee-free sales and distributions

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Purchaser's license number	9 Invoiced gallons
1	07/18/2000	3579	AB Carrier	K2468	Gas & Oil Co.	Peoria	Morton	D-04321	20,000
2	(17)	(18)	(28)	(20)	(15)	(26)	(27)	(16)	(22)

Motor Fuel Uniform Schedules

Schedule "DD" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'DD '.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "DD" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Enter purchaser license type: '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 01)
			N	96 - 100 Sequence #	Purchaser license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**TAX TYPE**	Enter tax type. 1 - MFT-Free only 2 - UST-/EIF-Free only 3 - Both MFT- and UST-/EIF-Free
24	189 - 210	22	A	**FILLER**	Space fill.
25	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
26	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
27	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill ater complete name.
28	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

Illinois Department of Revenue

Schedule DD-1

Attach to Form RMFT-6

Motor Fuel Tax
Tax-Free Sales of Dyed Diesel Fuel Products to Other than a Distributor or Supplier in Illinois

Page ____ of ____

Step 1: Complete the following information

Gas & Oil Co. (8)
Company name

D-04321 (1)
Your license number

Reporting period 0 7 / 2 0 0 0 (9)
Month Year

Step 2: Report your tax-free sales

Use these fuel use codes for Column 3: (25)

A - Agriculture **C** - Construction **F** - Refrigeration **H** - Home heating **I** - Industrial **L** - Lawn **M** - Marine **R** - Railroad **O** - Other (Identify)

	1 Name of purchaser	2 Address of purchaser (street address, city, state, ZIP)			3 Fuel use code	4 Total monthly gallons
1	Good Food, Inc.	1215 W. Adams	Springfield, IL	62701	A	2,000
2	(15)	(28)	(29)	(30)	(24)	(22)

Motor Fuel Uniform Schedules

Schedule "DD-1" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'DD1'.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Zero fill.
14	73 - 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "DD-1" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6	N	**INVOICE DATE**	Zero fill.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Space fill.
19	132 - 137	6	N	**BILL OF LADING DATE**	Zero fill.
20	138 - 147	10	A/N	**BILL OF LADING**	Space fill.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**FILLER**	Zero fill.
24	189 - 189	1	A	**FUEL USAGE CODE**	Enter 1 character usage code: **'A'** - Agriculture **'C'** - Construction **'F'** - Refrigeration **'H'** - Home heating **'I'** - Industrial **'L'** - Lawn **'M'** - Marine **'R'** - Railroad **'O'** - Other
25	190 - 198	9		**FUEL USAGE DESCRIPTION**	If fuel usage code is 'O', specify other fuel usage description.
26	199 - 210	12	A	**FILLER**	Space fill.
27	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
28	212 - 226	15	A	**PURCHASER STREET ADDRESS**	Enter street address of purchaser.
29	227 - 241	15	A	**PURCHASER CITY & STATE**	Enter city & state of purchaser.
				227 - 239 City	Enter city of purchaser.
				240 - 241 State	Enter state of purchaser.
30	242 - 256	15		**PURCHASER ZIP CODE**	Enter zip code of purchaser.
			N	242 - 246 Zip code	Enter 5 digit zip code.
			N	247 - 250 Zip + 4 code	Enter 4 digit code if known, else zero fill.
				251 - 256 Filler	Space fill.

Illinois Department of Revenue

Schedule LA

Attach to Form RMFT-6-US

UST and EIF

Fuels Other Than Gasoline Products and Special Fuels Produced, Acquired, Received, or Transported into Illinois

Page ____ of ____

Step 1: Complete the following information

Gas & Oil Co. (8)
Company name

R-14321 (1)
Your license number

Reporting period 0 7 2 0 0 0 (9)
Month Year

(26) Check the receipt type you are filing on this page.

- ☒ Other fuel products received in Illinois
- ☐ Other fuel products imported into Illinois
- ☐ Other fuel products produced in your Illinois refinery

Step 2: Report your tax- and fee-free purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Product code (see instr.)	6 Name of seller	7 Origin (city and state)	8 Destination (Illinois cities only)	9 Seller's license number	10 Invoiced gallons
1	07/17/2000	A1443	Shipping Co.	C19677	1-K	Test Oil Co.	Detroit, MI	Chicago	R-12345	11,000
2	(17)	(18)	(31)	(20)	(25)	(15)	(29)	(30)	(16)	(22)

Motor Fuel Uniform Schedules

Schedule "LA" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'LA ' .
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**SELLER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**SELLER NAME**	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "LA" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**SELLER LICENSE NUMBER**	
			N	94 - 95 Type	Enter seller license type. '08' - for receiver
			N	96 - 100 Sequence #	Seller license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**FILLER**	Zero fill.
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 198	9	A	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 199	1	A/N	**RECEIPT TYPE**	Enter schedule gallon type. '1' - Illinois receipts '2' - Imported '3' - Produced
27	200 - 210	11	A	**FILLER**	Space fill.
28	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
29	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
30	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
31	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

AVI - Aviation
1K - Kerosene

Illinois Department of Revenue

Schedule LB

Attach to Form RMFT-6-US

Page ____ of ____

UST/EIF Exemption for Sales of Aviation Fuels, Kerosene, and Diesel Fuel

Step 1: Complete the following information

Company name: Test Oil Co. (8)

Your license number: R-12345 (1)

Reporting period: Month 07, Year 2000 (9)

(25) Check the product type you are listing on this page.

- ☒ Diesel fuel sold to railroads
- ☐ Diesel fuel sold to qualified ships, barges, and vessels
- ☐ Kerosene sold to qualified air carriers
- ☐ Aviation fuel sold to qualified air carriers
- ☐ 1-k kerosene sold to qualified air carriers

Step 2: Report your exempt sales

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Airport name (sales to air carriers only)	7 Destination (Illinois cities only)	8 Invoiced gallons
1	0701 2000	CA2435	ABC Trucking	BL14589	Deisel Co.		Quincy	8,000
2	(17)	(18)	(30)	(20)	(15)	(28)	(29)	(22)

Motor Fuel Uniform Schedules

Schedule "LB" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'LB '.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "LB" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**FILLER**	Zero fill.
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 198	9	A	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 210	12	A	**FILLER**	Space fill.
27	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
28	212 - 226	15	A	**AIRPORT NAME**	Enter airport name if sold to air carrier. Space fill after carrier, or barge, space fill.
29	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

DSL - Diesel
1K - Kerosene
KER - Kerosene
AVI - Aviation

Illinois Department of Revenue

Schedule LC

Attach to Form RMFT-5-US

UST and EIF

Sales and Transfers of Fuels Other Than Gasoline Products and Special Fuels Delivered to Points Outside of Illinois

Page ____ of ____

Step 1: Complete the following information

Test Oil Co. (8)
Company name

R-12345 (1)
Your license number

MO (27)
Name of state into which shipments were made

Reporting period 0 8 / 2 0 0 0 (9)
Month Year

(25) Check the product type you are listing on this page.

☐ Aviation fuel

☒ 1-k kerosene

☐ Other (specify: _____)

Step 2: Report your exported gallons

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (city and state)	8 Invoiced gallons
1	0801/2000	89B24	BDF Trucking	BL4123	Gas & Oil Co.	Galesburg	St. Louis, MO	4,550
2	(17)	(18)	(31)	(20)	(15)	(29)	(30)	(22)

Motor Fuel Uniform Schedules

Schedule "LC" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'LC ' .
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "LC" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**FILLER**	Zero fill.
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 198	9	A	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 208	10	A	**FILLER**	Space fill.
27	209 - 210	2	A	**EXPORT STATE**	Enter valid postal abbreviation for the export state.
28	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
29	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
30	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
31	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

1K - Kerosene
AVI - Aviation

Illinois Department of Revenue

Schedule LD

Attach to Form RMFT-6-US

UST and EIF

Fuels Other Than Gasoline Products and Special Fuels

Sold Tax- and Fee-Free to Other Licensed Receivers in Illinois

Page ____ of ____

Step 1: Complete the following information

Test Oil Co. (8)
Company name

R-12345 (1)
Your license number

Reporting period 07/2000 (9)
Month Year

(25)
Check the product type you are listing on this page.

☐ Aviation fuel
☒ 1-lt kerosene
☐ Other (specify: _____)

Step 2: Report your tax- and fee-free sales

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Purchaser's license number	9 Invoiced gallons
1	07/17/2000	A1244	Trucking Co.	C19578	Gas & Oil Co.	Rock Island	Macomb	R-14321	11,000
2	(17)	(18)	(30)	(20)	(15)	(28)	(29)	(16)	(22)

Motor Fuel Uniform Schedules

Schedule "LD" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'LD '.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "LD" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Enter purchaser license type. '08' - for receiver
			N	96 - 100 Sequence #	Purchaser license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**FILLER**	Zero fill.
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 198	9	A	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 210	12	A	**FILLER**	Space fill.
27	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
28	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

AVI - Aviation
1K - Kerosene

Illinois Department of Revenue
Schedule LE
Attach to Form RMFT-5-US

UST and EIF
Tax- and Fee-Paid Purchases of the Fuel Types Subject Only to UST/EIF

Page ____ of ____

Step 1: Complete the following information

Test Oil Co. (8)
Company name

R-12345 (1)
Your license number

Reporting period 0 7 2 0 0 0 (9)
Month Year

(25)
Check the product type you are listing on this page.

- ☒ Aviation fuel
- ☐ 1-K kerosene
- ☐ Dyed diesel fuel
- ☐ Other (specify:_____)

Step 2: Report your tax- and fee-paid purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of seller	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Seller's license number	9 Invoiced gallons
1	07/23/2000	A4413	ABC Trucking	BL145	Aviation Fuel Co.	Carbondale	Springfield	R-15432	100,000
2	(17)	(18)	(30)	(20)	(15)	(28)	(29)	(16)	(22)

Motor Fuel Uniform Schedules

Schedule "LE" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'LE '.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**SELLER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**SELLER NAME**	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "LE" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**SELLER LICENSE NUMBER**	
			N	94 - 95 Type	Enter seller license type: '08' - for receiver
			N	96 - 100 Sequence #	Seller license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**FILLER**	Zero fill.
24	189 - 189	1	A	**FILLER**	Space fill.
25	190 - 198	9	A	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 210	12	A	**FILLER**	Space fill.
27	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
28	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

1K - Kerosene
AVI - Aviation
DYE - Dyed Diesel

Illinois Department of Revenue

Schedule SA

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF
Special Fuel (Excluding Dyed Diesel Fuel)
Produced, Acquired, Received, or Transported into Illinois

Page ____ of ____

Step 1: Complete the following information

Gas & Oil Co. (8)
Company name

D-04321 (1)
Your license number

Reporting period 0 7 / 2 0 0 0 (9)
Month Year

(23) Check the tax/fee type you are filing on this page.
- ☐ MFT-free only
- ☐ UST-/EIF-free only
- ☒ Both MFT- and UST-/EIF-free

(25) Check the receipt type that you are filing on this page.
- ☐ Received in Illinois
- ☒ Imported into Illinois
- ☐ Produced in your Illinois refinery

Step 2: Report your tax- and fee-free purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of seller	6 Origin (city and state)	7 Destination (Illinois cities only)	8 Seller's license number	9 Invoiced gallons
1	07/18/2000	3579	Transport Co.	K2468	Test Oil Co.	Madison, WI	Rockford	D-02345	20,000
2	(17)	(18)	(30)	(20)	(15)	(28)	(29)	(16)	(22)

Motor Fuel Uniform Schedules

Schedule "SA" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver (if '08', must be same as Field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'SA ' .
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**SELLER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**SELLER NAME**	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "SA" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**SELLER LICENSE NUMBER**	
			N	94 - 95 Type	Enter seller license type: '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 01)
			N	96 - 100 Sequence #	Seller license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**TAX TYPE**	Enter tax type 1 - MFT-Free only 2 - UST-/EIF-Free only 3 - Both MFT- and UST-/EIF-Free
24	189 - 198	10	A	**FILLER**	Space fill.
25	199 - 199	1	A/N	**RECEIPT TYPE**	Enter schedule gallon type. '1' - Illinois receipts '2' - Imported '3' - Produced
26	200 - 210	11	A	**FILLER**	Space fill.
27	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
28	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

Illinois Department of Revenue

Schedule SB

Attach to Form RMFT-6

Motor Fuel Tax

Page ____ of ____

Special Fuel (Excluding Dyed Diesel Fuel) Sold to the Federal Government, Authorized Foreign Diplomats, Municipal Corporations Owning and Operating Local Transportation Systems, to Certain Privately Owned Public Utilities and Non-Recreational Type Watercraft

Step 1: Complete the following information

Company name _____

Your license number _____

Reporting period __ __/__ __ __ __
Month Year

Step 2: Report your nontaxable sales to the federal government, authorized foreign diplomats, etc.

	1 Invoice date (month, day, year)	2 Invoice or serial number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Invoiced gallons
1	__/__/____							
2	__/__/____							

Motor Fuel Uniform Schedules

Schedule "SB" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'SB ' .
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "SB" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**FILLER**	Zero fill.
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 210	21	A	**FILLER**	Space fill.
26	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
27	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
28	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
29	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

Illinois Department of Revenue

Schedule SC

Attach to Forms RMFT-5 and Form RMFT-5-US

MFT, UST, and EIF

Sales and Transfers of Special Fuel (Excluding Dyed Diesel Fuel)

Delivered to Points Outside of Illinois

Page ____ of ____

Step 1: Complete the following information

Company name _____

Your license number _____

Name of state into which shipments were made _____

Reporting period ___ / ____ (Month / Year)

Step 2: Report your exported gallons

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (city and state)	8 Invoiced gallons
1	__/__/____							
2	__/__/____							

Motor Fuel Uniform Schedules

Schedule "SC" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'SC ' .
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "SC" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**FILLER**	Zero fill.
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 208	19	A	**FILLER**	Space fill.
26	209 - 210	2	A	**EXPORT STATE**	Enter valid postal abbreviation for the export state.
27	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
28	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

Illinois Department of Revenue

Schedule SD

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF

Special Fuel (Excluding Dyed Diesel Fuel) Sold and Distributed Tax- and Fee-Free in Illinois to Licensed Distributors or Suppliers

Page ____ of ____

Step 1: Complete the following information

Company name: Test Oil Co. (8)

Your license number: D-02345 (1)

Reporting period: Month 07 Year 2000 (9)

(23) Check the tax/fee type you are filing on this page.

- ☐ MFT-free only
- ☒ UST/EIF-free only
- ☐ Both MFT- and UST/EIF-free

Step 2: Report your tax- and fee-free sales and distributions

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Purchaser's license number	9 Invoiced gallons
1	07/18/2000	3579	AB Carrier	K2468	Gas & Oil Co.	Peoria	Morton	D-04321	20,000
2	(17)	(18)	(28)	(20)	(15)	(26)	(27)	(16)	(22)

Motor Fuel Uniform Schedules

Schedule "SD" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'SD ' .
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "SD" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Enter purchaser license type: '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 01)
			N	96 - 100 Sequence #	Purchaser license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**TAX TYPE**	Enter tax type. 1 - MFT-Free only 2 - UST-/EIF-Free only 3 - Both MFT- and UST-/EIF-Free
24	189 - 210	22	A	**FILLER**	Space fill.
25	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
26	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
27	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
28	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

Illinois Department of Revenue

Schedule SE

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF
Tax- and Fee-Paid Purchases of
Special Fuel (Excluding Dyed Diesel Fuel)

Page ____ of ____

Step 1: Complete the following information

Gas & Oil Co. (8)
Company name

D-04321 (1)
Your license number

Reporting period 0 7 / 2 0 0 0 (9)
Month Year

(23) Check the tax/fee type you are listing on this page.

- ☐ MFT-paid only
- ☐ UST/EIF-paid only
- ☒ Both MFT- and UST/EIF-paid

(25) Check the product type you are listing on this page.

- ☐ Special fuel (excluding dyed diesel fuel)
- ☒ 1-K kerosene
- ☐ Other (specify: _____)

Step 2: Report your tax- and fee-paid purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of seller	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Seller's license number	9 Invoiced gallons
1	07/10/2000	5134	Fuel Carrier Co	K5134	XYZ Oil Co.	Rock Island	Metropolis	S-02316	8,500
2	(17)	(18)	(30)	(20)	(15)	(28)	(29)	(16)	(22)

Motor Fuel Uniform Schedules

Schedule "SE" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'SE ' .
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data **'C'** - Correction data **'R'** - Reversal data **'N'** - Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**SELLER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**SELLER NAME**	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "SE" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**SELLER LICENSE NUMBER**	
			N	94 - 95 Type	Enter seller license type: '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 01)
			N	96 - 100 Sequence #	Seller license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**NET GALLONS**	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	**TAX TYPE**	Enter tax type. 1 - MFT-Paid only 2 - UST-/EIF-Paid only 3 - Both MFT- and UST-/EIF-Paid
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 198	9	A	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 210	12	A	**FILLER**	Space fill.
27	211 - 211	1	A	**MEDIA CODE**	Enter 'D' for diskette.
28	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

SPF - Special fuel (excluding dyed diesel)
1K - Kerosene

Motor Fuel Uniform Schedules

Total "S" (SCHEDULE TOTAL) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter schedule type being totalled.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'S' for schedule type total record.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 71	15	N	**FILLER**	Not used by IDOR. Zero fill.
12	72 - 86	15	N	**FILLER**	Not used by IDOR. Zero fill.
13	87 - 101	15	N	**FILLER**	Not used by IDOR. Zero fill.
14	102 - 116	15	N	**SCHEDULE NET GALLONS**	Total invoiced gallons from the specified schedule type. Format 9 (14) V9. See instructions on Page 7.
15	117 - 126	10	A	**FILLER**	Space fill.
16	127 - 136	10	N	**TOTAL ORIGINAL ENTRIES**	Total of all original entry records for this schedule type.
17	137 - 146	10	N	**TOTAL CORRECTION ENTRIES**	Total of all correction entry records for this schedule type.
18	147 - 156	10	N	**TOTAL REVERSAL ENTRIES**	Total of all reversal entry records for this schedule type.
19	157 - 166	10	N	**TOTAL NEGATIVE ENTRIES**	Total of all negative entry records for this schedule type.
20	167 - 256	90	A	**FILLER**	Space fill.

Motor Fuel Uniform Schedules

Total "V" (LICENSE TOTAL) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Space fill.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter a 'V' for license total record.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 71	15	N	**FILLER**	Not used by IDOR. Zero fill.
12	72 - 86	15	N	**FILLER**	Not used by IDOR. Zero fill.
13	87 - 101	15	N	**FILLER**	Not used by IDOR. Zero fill.
14	102 - 116	15	N	**LICENSE NET GALLONS**	Total invoiced gallons from all schedules for this license. Format 9 (14) V9. See instructions on Page 7.
15	117 - 126	10	A	**FILLER**	Space fill.
16	127 - 136	10	N	**TOTAL ORIGINAL ENTRIES**	Total of all original entry records for this license.
17	137 - 146	10	N	**TOTAL CORRECTION ENTRIES**	Total of all correction entry records for this license.
18	147 - 156	10	N	**TOTAL REVERSAL ENTRIES**	Total of all reversal entry records for this license.
19	157 - 166	10	N	**TOTAL NEGATIVE ENTRIES**	Total of all negative entry records for this license.
20	167 - 256	90	A	**FILLER**	Space fill.

Motor Fuel Uniform Schedules

Total "Z" (FILE TOTAL) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 8 Filer License	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Space fill.
3	21 - 22	2	A	**FILER PERMIT KIND**	Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter a 'Z' for file total record.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. **'O'** - Original data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 71	15	N	**FILLER**	Zero fill.
12	72 - 86	15	N	**FILLER**	Not used by IDOR. Zero fill.
13	87 - 101	15	N	**FILLER**	Not used by IDOR. Zero fill.
14	102 - 116	15	N	**FILE NET GALLONS**	Total invoiced gallons from all schedules on the file. Format 9(14) V9. See instructions on Page 7.
15	117 - 126	10	A	**FILLER**	Space fill.
16	127 - 136	10	N	**TOTAL ORIGINAL ENTRIES**	Total of all original entry records for this file.
17	137 - 146	10	N	**TOTAL CORRECTION ENTRIES**	Total of all correction entry records for this file.
18	147 - 156	10	N	**TOTAL REVERSAL ENTRIES**	Total of all reversal entry records for this file.
19	157 - 166	10	N	**TOTAL NEGATIVE ENTRIES**	Total of all negative entry records for this file.
20	167 - 256	90	A	**FILLER**	Space fill.

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