Use your 'Mouse' or the 'Tab' key to move through the fields, use your 'Mouse' or 'Space Bar' to enable the "Check Boxes".

Illinois Department of Revenue

MFUT-12-R Motor Fuel Use Tax
IFTA Replacement Decal Order

Do not write above this line.

Read this information first.

This form may only be used to order decals to replace those that were lost, stolen, damaged, *etc*. We will mail your replacement decals to the address you provided on Form MFUT-12, Application for Motor Fuel Use Tax IFTA License and Decals. If you need to update this address or any other information you originally provided on Form MFUT-12, contact us weekdays during normal business hours at **217 785-1397. *Please type or print in ink.***

Step 1: Tell us the year for which you are ordering decals: December 31, 2 0 __ __

Step 2: Identify your business

1 ☐ FEIN ☐ SSN _____
Federal employer identification number **or** Social Security number

2 IFTA Account ID:_____

3 Legal business name:_____

4 Trade (DBA) name: _____

Step 3: Complete your replacement decal order

You must purchase and display one set (two decals) for each of your qualified motor vehicles. There is a **$2.00** cost per decal set.

5 My original decal was: ___ Lost ___ Stolen ___ Damaged ___ Other. Explain: _____

6 My original decal serial number was _____
(Attach additional sheet if multiple decals are being replaced.)

To figure how much you owe, multiply the number of decal sets by **2.00.** This is your cost for replacement decals.

7 Total number of replacement decal sets needed: _____ X **2.00** = $ 0.00
Make your check payable to **"Illinois Department of Revenue."**

Step 4: Sign below

Your FEIN or SSN is used for account identification, payment processing, and record keeping. Your number and pertinent account information may be provided to IFTA jurisdictions, governmental and state agencies, and any persons necessary for administering the Motor Fuel Tax Law.

Under penalties of perjury, I state that I have examined this replacement decal order and, to the best of my knowledge, it is true, correct, and complete.

_____
Printed name

_____
Signature

_____
Title

(_____) _____ - _____ __ __/__ __/__ __ __ __
Telephone Month Day Year

Step 5: Mail Form MFUT-12-R and payment to:

MOTOR FUEL USE TAX SECTION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19467
SPRINGFIELD IL 62794-9467

Telephone: 217 785-1397

MFUT-12-R
N-05/09)

This form is authorized by the Illinois Motor Fuel Tax Law. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form ha... Form Management Center, IL-492-3262

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