



# RMFT-144-X Amended Alternative Fuels Return Station 561

## Identify your business

Name \_\_\_\_\_

Federal Identification no. (FEIN) \_\_\_\_\_

Number and street address \_\_\_\_\_

Social Security no. (SSN) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

AF - \_\_\_\_\_  
Alternate fuel no.

(\_\_\_\_\_) \_\_\_\_\_  
Telephone no.

Reporting period:  Annual \_\_\_\_\_ Year \_\_\_\_\_  
 Monthly \_\_\_\_\_ / \_\_\_\_\_  
Month Year

## Step 1: Mark the reason why you are filing an amended return.

1 \_\_\_ Overpaid (Must complete all Steps)

3 \_\_\_ Response to notice or bill

2 \_\_\_ Underpaid

4 \_\_\_ Corrections to line items but no additional tax due

## Step 2: Figure your tax - All calculations of tax are based on gallon measurements. To convert liters to gallons, multiply liters by .2641721. For CNG, multiply liters by .12667.

Complete the table below for the total gallons of alternative fuels used or sold for use in vehicles on public highways and the total of any gallons of biodiesel blended, used, received, or produced for use intended to propel motor vehicles on public highways. You must report all figures as they should have been on your original return or previously amended RMFT-144.

Identify Product	Number of Gallons (round to nearest whole gallon)	Tax Rate	Tax Due
a LP	_____	0.190	a \$ _____
b Biodiesel	_____	0.226	b \$ _____
c CNG	_____	0.190	c \$ _____
d Ethanol/Alcohol	_____	0.201	d \$ _____
e LNG	_____	0.190	e \$ _____
f _____	_____	_____	f \$ _____
g _____	_____	_____	g \$ _____
h _____	_____	_____	h \$ _____
<b>Total tax</b>			<b>\$ _____</b>

Turn to page 2 to complete Steps 3, 4, and 5.

### Step 3: Figure your net tax due

- 1 Copy the total tax from Page 1, Step 2. 1 \$ \_\_\_\_\_
- 2 Enter the total Illinois Motor Fuel Tax paid for diesel gallons purchased for blending of biodiesel. **Attach** invoices. 2 \$ \_\_\_\_\_
- 3 Subtract Line 2 from Line 1. This is your tax due. 3 \$ \_\_\_\_\_
- 4 Enter the total credit you would like to apply. 4 \$ \_\_\_\_\_
- 5 Subtract Line 4 from Line 3. This is your net tax due. 5 \$ \_\_\_\_\_
- 6 Enter the total amount you have previously paid. 6 \$ \_\_\_\_\_  
Compare Line 5 and Line 6.
  - If Line 6 is **greater than** Line 5, enter the difference on Line 7.
  - If Line 6 is **less than** Line 5, enter the difference on Line 8.
- 7 Overpayment - This is the amount you have overpaid. Complete Steps 4 and 5. 7 \$ \_\_\_\_\_
- 8 Underpayment - This is the amount you have underpaid. Please pay this amount. 8 \$ \_\_\_\_\_  
Go to Step 4 and sign this return. **Make your check payable to "Illinois Department of Revenue, Motor Fuel Tax."**

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### Step 4: Sign below

The person(s) that will be personally responsible for filing returns and paying the tax due must sign below. Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct and complete.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Taxpayer's signature/Responsible party Date

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### Step 5: Complete your claim for credit

If you are entitled to a claim for credit, you must complete Items 1, 2, and 3.

- 1 Explain below why the amount for which you are filing this claim is alleged to be a mistake of fact or an error in law. Attach additional sheets if necessary.

- 2 Are you a party to a civil suit involving the above amounts? \_\_\_\_ yes \_\_\_\_ no  
If "yes," what is the name of the suit? \_\_\_\_\_
- 3 Sign below

\_\_\_\_\_  
Signature of claimant

\_\_\_\_\_  
Title (State whether owner, partner, officer, or authorized agent)

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.