



RMFT-5-X Amended Return/Claim for Credit
Motor Fuel Tax for Distributor/Suppliers

Sequence no. Station no. 564

Step 1: Identify yourself

Do not write above this line.

Name

Original reporting period /

Address
Number and street

Distributor license no. D - OR Supplier license no. S -

Telephone no. () -

City State ZIP

Note: You must report your motor fuel in gallons. Convert liters to gallons by multiplying liters by .2641721. Follow our instructions for each column.

Step 2: Figure your total gallonage for the month

- 1 Write your actual (stick) inventory at the beginning of the month. This amount must agree with closing inventory of preceding month's return.
2 Write the number of gallons
a produced, acquired, received or transported into Illinois tax-free (Schedule A, SA, or DA)
b produced, acquired, received or transported into Illinois tax-paid (Schedule E or SE)
c of combustible gases/1-K kerosene/alcohol sold for highway use (Schedule GA-1)
3 Add Lines 1 through 2c. Remember to do calculations within each column.
4 Write your actual (stick) inventory at the end of the month.
5 Subtract Line 4 from Line 3. This is your net gallonage for the month.

Step 3: Figure your nontaxable gallonage

- 6 Write the number of gallons sold to the federal government, etc. (Schedule B, SB, or DB)
7 Write the number of gallons exported from Illinois (Schedule C, SC, or DC)
8 Write the number of gallons
a sold and distributed tax-free to a distributor or supplier (Schedule D, SD, or DD)
b sold and distributed tax-free to other than a distributor or supplier (Schedule DD-1)
c of dyed diesel fuel you used for nonhighway purposes
9 Write the number of gallons lost due to fire, leakage, spillage, etc. (Schedule F)
10 Write the number of gallons of your loss due to temperature variation or evaporation or your gain due to temperature variation. Complete Line 10a or 10b per column.
a Loss. The amount of losses you claim are limited. See instructions.
b Gain.

- 11 Add Lines 6 through 10b. This amount is your total nontaxable gallonage.
12 Subtract Line 11 from Line 5. The amount in Column 3 should be zero.

Steps 4 & 5: Figure your taxable gallonage

- 13 Write the number of gallons sold and distributed for taxable purposes.
14 Write the number of gallons you used in motor vehicles on public highways or for operating recreational-type watercraft on waters of Illinois.
15 Write the number of gallons you used for nontaxable (nonhighway) purposes.
16 Add Lines 13, 14, and 15. This is your gross taxable gallonage.
17 Write the number of gallons on which tax was paid at the time of purchase. (Schedule E or SE)
18 Subtract Line 17 from Line 16. This is your net taxable gallonage.

As originally reported or adjusted

Column 1 Gasoline & combustible gases
Column 2 Special fuel except dyed diesel fuel
Column 3 Dyed diesel fuel

Corrected amounts

Column 1 Gasoline & combustible gases
Column 2 Special fuel except dyed diesel fuel
Column 3 Dyed diesel fuel

Table with 3 columns for 'As originally reported or adjusted' and 3 columns for 'Corrected amounts'. Rows correspond to lines 1 through 18 of the form.

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Follow our instructions for **each** column.

Step 6: Figure your tax

19 Figure your gross tax due. If the amount of Line 18 is greater than zero, write the amount from Line 18. Otherwise, write "0" in Lines 19 - 21 within the column.

a _____ X 0.19. Write the result in Column 1, Line 19.
Column 1, Line 18

b _____ X 0.215. Write the result in Column 2, Line 19.
Column 2, Line 18

20 If you originally filed and paid your tax due on time, figure your collection discount. See instructions.

Note: If you are increasing the amount of tax due, you **may not** increase the amount of your discount **unless** the increased tax due is paid on or before the due date of the original return. If you are decreasing the amount of tax due, refigure the amount of the discount to which you are entitled based on your new figures.

21 Subtract Line 20 from Line 19. This is your net tax due by fuel type.

22 Add Column 1, Line 21 and Column 2, Line 21. This is your **tax due**.

Step 7: Figure the amount you owe

23 Complete this line if you have a motor fuel tax (MFT) credit you wish to apply to Line 22, tax due.

MFT credit no. _____
 MFT credit amt. \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Add these MFT credit amounts and write the total on Line 23.

24 Subtract Line 23 from Line 22.

25 Total amount paid to date for this reporting period.

26 If Line 24, Corrected Amounts Column, is greater than Line 25, subtract Line 25 from Line 24, Corrected Amounts Column. This is the **amount you owe**.

27 If Line 24, Corrected Amounts Column, is less than Line 25, subtract Line 24, Corrected Amounts Column, from Line 25. If you want to claim a credit, you must complete Step 9.

Step 8: Sign and date your amended return

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

 Signature of person, other than taxpayer, who prepared this return Date

 Taxpayer's name

 Preparer's phone number

 Signature and title of taxpayer Date

Mail this return and payment to: Illinois Department of Revenue, PO Box 19019, Springfield, IL 62794-9019

Step 9: Complete your claim for credit - Complete Lines 28 through 30 if you are claiming a credit.

28 Explain below why the amount for which the claim is filed is alleged to be a mistake of fact or an error in law. Attach additional sheets if you need more space to write in.

29 Are you a party to any civil suits involving the above amounts? ____ yes ____ no
 If yes, what is the name of the suit? _____

30 Sign below

 Signature of claimant

 Title (State whether owner, partner, or authorized agent)

As originally reported or adjusted

Column 1
 Gasoline & combustible gases
Column 2
 Special fuel except dyed diesel fuel
Column 3
 Dyed diesel fuel

Corrected amounts

Column 1
 Gasoline & combustible gases
Column 2
 Special fuel except dyed diesel fuel
Column 3
 Dyed diesel fuel

19 \$ _____ \$ _____ \$ /// \$ _____ \$ _____ \$ ///

20 \$ _____ \$ _____ \$ /// \$ _____ \$ _____ \$ ///

21 \$ _____ \$ _____ \$ /// \$ _____ \$ _____ \$ ///

22 \$ _____ \$ _____

23 \$ _____ \$ _____

24 \$ _____ \$ _____

25 \$ _____

26 \$ _____

27 \$ _____

Official use - do not write in this box

Official use only. Do not write in this box.
 Credit memo no. _____
 Credit amount _____
 Interest _____
 Total _____
 Verified by _____
 Date _____
 Approved by _____
 Date _____

This form is authorized by the Motor Fuel Tax Law. Disclosure of this information is REQUIRED. Failure to comply may result in a penalty.
 This form has been approved by the Forms Management Center. IL-492-1545

