Identify your business

Response to notice or bill

Briefly explain why you are filing this amended return (required).

REV 2 Form 971 E S __/__/_ NS DP CA

RMFT-144-X Amended Alternative Fuels Return

Station 561

| Name | | | Federal employer identification number (FEIN) | | | |
|----------------------------------|----------------------------|------------|-------------------------------------------------------|--|--|--|
| Number and street address | | | Social Security number (SSN) | | | |
| | | | AF | | | |
| City | State | ZIP | Alternate fuel number | | | |
| (| <u> </u> | | Reporting period: Annual | | | |
| Telephone number | | | Year | | | |
| | | | ☐ Monthly/ | | | |
| | | | Month Year | | | |
| tep 1: Mark the re | eason why you a | are filing | an amended return | | | |
| Overpaid (Must comple | ete all Steps) | | 4 Corrections to line items but no additional tax due | | | |
| e you a party to a civil suit ir | nvolving any amount of the | | | | | |
| edit claimed? Yes | _ No | | | | | |
| es, what is the name of the | suit? | | | | | |
| Undernaid | | | | | | |

5_ Other

Step 2: Figure your tax - All calculations of tax are based on gallon measurements (i.e., a liquid gallon, a gasoline gallon equivalent, or a diesel gallon equivalent). Use the Tax Rate Database at tax.illinois.gov to determine the tax rate for the period for which you are filing an amended return. For more information, see instructions.

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 | | | a \$ |
| b Biodiesel | | (rate) | b \$ |
| c CNG | | (rate) | |
| | | (rate) | c \$ |
| d Ethanol/Alcohol | | (rate) | d \$ |
| e LNG | | | e \$ |
| f | | (rate) | f \$ |
| g | | | g \$ |
| h | | | h \$ |
| | | Total tax | \$ |

| St | ep 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 bler Attach invoices. | nding of biodiesel. | 2 | \$ |
| 3 | Subtract Line 2 from Line 1. This is your tax. | | 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. 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. | | 6 | \$ |
| 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 the Make your check payable to "Illinois Department of Revenue, Motor Go to Step 4 and sign this return. | | 8 | \$ |
| | The person(s) that will be personally responsible for filing returns and paying the Under penalties of perjury, I state that I have examined this return, and, to the besides a signature of Taxpayer/Responsible party | • | e, it i | s true, correct and complete. |
| , | Orginature or raxpayer/nesponsible party Date | | | |