



CMFT-1 County Motor Fuel Tax Return

Account ID: _____ Reporting Period: _____

Owner's name: _____

Business name: _____

Mailing address: _____

Step 1: Figure your taxable gallons

You must round your figures to whole numbers. (See instructions.)

- 1** Total gallons sold - Enter the number of gallons of motor fuel subject to County Motor Fuel Tax that you sold at retail. (Report only retail sales on this line.) **1** _____
- 2** Deductible gallons
 - a** Enter the number of gallons of motor fuel you sold to organizations that are exempt from paying County Motor Fuel Tax. **2a** _____
 - b** Other deductible gallons allowed by law
Enter the number of gallons **2b** _____
Describe: _____
- 3** Total deductible gallons (Add Line 2a and Line 2b.) **3** _____
- 4** Taxable gallons (Subtract Line 3 from Line 1.) **4** _____

Step 2: Figure your net tax and discount

Taxable gallons sold

- 5** Enter the taxable gallons sold in Line 5a. Multiply Line 5a by the applicable rate, and enter the result in Line 5b. See instructions. (Note: For multiple site filers, these totals come from Form CMFT-2. Attach Form CMFT-2 to your Form CMFT-1.) **5a** _____ **5b** \$ _____

Taxable gallons sold at prior rate

- 6** Enter the taxable gallons sold at a prior rate in Line 6a. Multiply Line 6a by the applicable rate, and enter the result in Line 6b. See instructions. (Note: For multiple site filers, these totals come from Form CMFT-2. Attach Form CMFT-2 to your Form CMFT-1.) **6a** _____ **6b** \$ _____
- 7** Net County Motor Fuel Tax due (Add Line 5b and Line 6b.) **7** \$ _____
- 8** If you qualify for the retailer's discount, multiply Line 7 by the applicable rate. (See instructions.) **8** \$ _____
- 9** Net County Motor Fuel Tax due (Subtract Line 8 from Line 7.) **9** \$ _____
- 10** Enter excess County Motor Fuel Tax collected **10** \$ _____
- 11** Total County Motor Fuel Tax due (Add Line 9 and Line 10.) **11** \$ _____

Step 3: Figure your payment due

- 12** Enter credit amount **12** \$ _____
- 13** Payment due (Subtract Line 12 from Line 11.) **13** \$ _____
Make your payment to "Illinois Department of Revenue".

Step 4: 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 _____ Phone _____ Date _____

Preparer's signature _____ Phone _____ Date _____

Mail your completed return and payment to:

**COUNTY MOTOR FUEL TAX
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19034
SPRINGFIELD, IL 62794-9034**



This form is authorized by the County Motor Fuel Tax Law. Disclosure of this information is REQUIRED. Failure to provide information may result in this form not being processed and may result in penalty.