



Illinois Department of Revenue
PST-1 Prepaid Sales Tax Return

Rev 02 Form 033
 E S _ / _ / _ _ _ _
 NS DP CA RC

Do not write above this line.

Account ID: _____ Reporting Period: _____

Owner's name: _____

Business name: _____

Mailing address: _____

Step 1: Figure your gallonage information

- 1 Total invoiced gallons of all gasohol and other motor fuel sold, delivered, or transferred 1 _____
- 2 Enter the number of gallons you
 - a sold to federal or foreign government and mass transit systems. 2a _____
 - b delivered outside Illinois. 2b _____
 - c sold and distributed tax free to other licensed distributors or suppliers. 2c _____
 - d sold to the state or units of local government. 2d _____
 - e sold to schools, churches, or charities. 2e _____
 - f sold to out-of-state retailers selling at retail to customers outside Illinois. 2f _____
 - g sold of exempt motor fuel (see instructions). 2g _____
 - h sold to other than a retail outlet and deliveries made to your company-owned (not leased) retail outlet. 2h _____

(Do not include gallonage written on Lines 2a through 2g.)
- 3 Total deductible gallons (Add Lines 2a through 2h.) 3 _____
- 4 Net gallons subject to prepaid sales tax (Subtract Line 3 from Line 1.) 4 _____
 - a Gallons of biodiesel blends (1% - 10%) subject to prepaid sales tax (This is the total of Lines 8a of your attached PST-2 forms.) 4a _____
 - b Gallons of all other motor fuels subject to prepaid sales tax (This is the total of Lines 9a of your attached PST-2 forms.) 4b _____

Step 2: Figure your tax and payment due

- 5 Multiply the number of gallons on Line 4a by _____ 5 \$ _____
 - 6 Multiply the number of gallons on Line 4b by _____ 6 \$ _____
 - 7 Total prepaid sales tax due during this reporting period (Add Lines 5 and 6.) 7 \$ _____
 - 8 Enter the amount of quarter-monthly payments that you paid on Form PST-3 or by EFT. 8 \$ _____
 - 9 Credit amount. 9 \$ _____
 - 10 Total quarter-monthly payments and credits (Add Lines 8 and 9.) 10 \$ _____
 - 11 Payment due (Subtract Line 10 from Line 7.) 11 \$ _____
- Make your payment to **Illinois Department of Revenue.**
- 12 Enter the number of PST-2 forms you have attached. 12 _____

Step 3: 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:

Illinois Department of Revenue, PO Box 19034, Springfield, IL 62794-9034

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 penalty.

