

**ST-8 Tire User Fee Return**

Station 700, 703

Account ID: _____ Reporting period: _____
Reporting Period (month day year - month day year)

REV 02 FORM 090

E S _ _ / _ _ / _ _ _ _

NS DP CA RC

Do not write above this line.

Owner's name: _____

Business name: _____

Mailing address: _____

Step 1: Figure your tires subject to tire fee**1** Total number of tires - Write the total number of new and used tires you sold or delivered at retail during the reporting period.**1** _____**2** Number of tires exempt from the tire fee (deductible tires). See instructions.**2** _____**3** Number of tires subject to the tire fee (Subtract Line 2 from Line 1.)**3** _____**Step 2: Figure your collection allowance and net amount due****4** Gross amount of the tire fee (Multiply Line 3 by \$2.50.)**4** \$ _____**5** If you filed and paid by the due date, multiply Line 3 by 10 cents (\$0.10).**5** \$ _____**6** Net amount due (Subtract Line 5 from Line 4.)**6** \$ _____**7** Excess tire fee collected**7** \$ _____**8** Total tire fee due (Add Line 6 and Line 7.)**8** \$ _____**Step 3: Figure your payment due****9** Credit amount**9** \$ _____**10** Payment due (Subtract Line 9 from Line 8.)**10** \$ _____

Make your check payable 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:

Tire User Fee, Illinois Department of Revenue, Springfield, IL 62776-0001

This form is authorized by Title XIV of the Environmental Protection Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

