



City of Freeport, Illinois

Office of Finance and Budget

314 W. Stephenson Street
Freeport, Illinois 61032
Telephone (815) 297-1300
Facsimile (815) 599-5819

Motor Fuel Tax Return \$0.02 Per Gallon TAX

For Month of: January-17
Due by last day of: February-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
--

This return, along with a payment equal to line 2 below, is due to the Finance Department on or before the due date indicated on this form. If the return and appropriate payment is not received by the due date, a 10 percent penalty may be imposed on the total tax due. An additional interest penalty may be assessed at the rate of 2 percent per thirty-day period, or portion thereof for each day of delinquency.

Distributor or Supplier Number _____

- 1. Amount of gallons sold: \$ _____
- 2. Multiply Line 1 by \$0.02 (Total tax due to City): \$ _____

A copy of Illinois Department of Revenue Motor Fuel Tax Return must accompany this return.

If there have been business changes since your last return, please complete the following:	
_____ Last Tax Return. Business was discontinued on _____	
_____ Ownership has changed: _____	New Owner: _____
	Address: _____
	Date of Change: _____
_____ Other changes. _____	

“Under penalties of perjury and other penalties which include a fine, imprisonment, or both; I affirm the information in this return is true and accurate to the best of my knowledge and belief and is taken from the books and records of the business for which this return is filed.”

Signature _____ Title _____ Date _____ Phone Number _____



City of Freeport, Illinois

Office of Finance and Budget

314 W. Stephenson Street
Freeport, Illinois 61032
Telephone (815) 297-1300
Facsimile (815) 599-5819

Motor Fuel Tax Return \$0.02 Per Gallon TAX

For Month of: February-17
Due by last day of: March-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
--

This return, along with a payment equal to line 2 below, is due to the Finance Department on or before the due date indicated on this form. If the return and appropriate payment is not received by the due date, a 10 percent penalty may be imposed on the total tax due. An additional interest penalty may be assessed at the rate of 2 percent per thirty-day period, or portion thereof for each day of delinquency.

Distributor or Supplier Number _____

- 1. Amount of gallons sold: \$ _____
- 2. Multiply Line 1 by \$0.02 (Total tax due to City): \$ _____

A copy of Illinois Department of Revenue Motor Fuel Tax Return must accompany this return.

If there have been business changes since your last return, please complete the following:	
_____ Last Tax Return. Business was discontinued on _____	
_____ Ownership has changed: _____	New Owner: _____
	Address: _____
	Date of Change: _____
_____ Other changes. _____	

“Under penalties of perjury and other penalties which include a fine, imprisonment, or both; I affirm the information in this return is true and accurate to the best of my knowledge and belief and is taken from the books and records of the business for which this return is filed.”

Signature _____ Title _____ Date _____ Phone Number _____



City of Freeport, Illinois

Office of Finance and Budget

314 W. Stephenson Street
Freeport, Illinois 61032
Telephone (815) 297-1300
Facsimile (815) 599-5819

Motor Fuel Tax Return \$0.02 Per Gallon TAX

For Month of: March-17
Due by last day of: April-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
--

This return, along with a payment equal to line 2 below, is due to the Finance Department on or before the due date indicated on this form. If the return and appropriate payment is not received by the due date, a 10 percent penalty may be imposed on the total tax due. An additional interest penalty may be assessed at the rate of 2 percent per thirty-day period, or portion thereof for each day of delinquency.

Distributor or Supplier Number _____

- 1. Amount of gallons sold: \$ _____
- 2. Multiply Line 1 by \$0.02 (Total tax due to City): \$ _____

A copy of Illinois Department of Revenue Motor Fuel Tax Return must accompany this return.

If there have been business changes since your last return, please complete the following:	
_____ Last Tax Return. Business was discontinued on _____	
_____ Ownership has changed: _____	New Owner: _____
	Address: _____
	Date of Change: _____
_____ Other changes. _____	

“Under penalties of perjury and other penalties which include a fine, imprisonment, or both; I affirm the information in this return is true and accurate to the best of my knowledge and belief and is taken from the books and records of the business for which this return is filed.”

Signature _____ Title _____ Date _____ Phone Number _____



City of Freeport, Illinois

Office of Finance and Budget

314 W. Stephenson Street
Freeport, Illinois 61032
Telephone (815) 297-1300
Facsimile (815) 599-5819

Motor Fuel Tax Return \$0.02 Per Gallon TAX

For Month of: April-17
Due by last day of: May-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
--

This return, along with a payment equal to line 2 below, is due to the Finance Department on or before the due date indicated on this form. If the return and appropriate payment is not received by the due date, a 10 percent penalty may be imposed on the total tax due. An additional interest penalty may be assessed at the rate of 2 percent per thirty-day period, or portion thereof for each day of delinquency.

Distributor or Supplier Number _____

- 1. Amount of gallons sold: \$ _____
- 2. Multiply Line 1 by \$0.02 (Total tax due to City): \$ _____

A copy of Illinois Department of Revenue Motor Fuel Tax Return must accompany this return.

If there have been business changes since your last return, please complete the following:	
_____ Last Tax Return. Business was discontinued on _____	
_____ Ownership has changed: _____	New Owner: _____
	Address: _____
	Date of Change: _____
_____ Other changes. _____	

“Under penalties of perjury and other penalties which include a fine, imprisonment, or both; I affirm the information in this return is true and accurate to the best of my knowledge and belief and is taken from the books and records of the business for which this return is filed.”

Signature _____ Title _____ Date _____ Phone Number _____



City of Freeport, Illinois

Office of Finance and Budget

314 W. Stephenson Street
Freeport, Illinois 61032
Telephone (815) 297-1300
Facsimile (815) 599-5819

Motor Fuel Tax Return \$0.02 Per Gallon TAX

For Month of: May-17
Due by last day of: June-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
--

This return, along with a payment equal to line 2 below, is due to the Finance Department on or before the due date indicated on this form. If the return and appropriate payment is not received by the due date, a 10 percent penalty may be imposed on the total tax due. An additional interest penalty may be assessed at the rate of 2 percent per thirty-day period, or portion thereof for each day of delinquency.

Distributor or Supplier Number _____

- 1. Amount of gallons sold: \$ _____
- 2. Multiply Line 1 by \$0.02 (Total tax due to City): \$ _____

A copy of Illinois Department of Revenue Motor Fuel Tax Return must accompany this return.

If there have been business changes since your last return, please complete the following:	
_____ Last Tax Return. Business was discontinued on _____	
_____ Ownership has changed: _____	New Owner: _____
	Address: _____
	Date of Change: _____
_____ Other changes. _____	

“Under penalties of perjury and other penalties which include a fine, imprisonment, or both; I affirm the information in this return is true and accurate to the best of my knowledge and belief and is taken from the books and records of the business for which this return is filed.”

Signature _____ Title _____ Date _____ Phone Number _____



City of Freeport, Illinois

Office of Finance and Budget

314 W. Stephenson Street
Freeport, Illinois 61032
Telephone (815) 297-1300
Facsimile (815) 599-5819

Motor Fuel Tax Return \$0.02 Per Gallon TAX

For Month of: June-17
Due by last day of: July-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
--

This return, along with a payment equal to line 2 below, is due to the Finance Department on or before the due date indicated on this form. If the return and appropriate payment is not received by the due date, a 10 percent penalty may be imposed on the total tax due. An additional interest penalty may be assessed at the rate of 2 percent per thirty-day period, or portion thereof for each day of delinquency.

Distributor or Supplier Number _____

- 1. Amount of gallons sold: \$ _____
- 2. Multiply Line 1 by \$0.02 (Total tax due to City): \$ _____

A copy of Illinois Department of Revenue Motor Fuel Tax Return must accompany this return.

If there have been business changes since your last return, please complete the following:	
_____ Last Tax Return. Business was discontinued on _____	
_____ Ownership has changed: _____	New Owner: _____
	Address: _____
	Date of Change: _____
_____ Other changes. _____	

“Under penalties of perjury and other penalties which include a fine, imprisonment, or both; I affirm the information in this return is true and accurate to the best of my knowledge and belief and is taken from the books and records of the business for which this return is filed.”

Signature _____ Title _____ Date _____ Phone Number _____



City of Freeport, Illinois

Office of Finance and Budget

314 W. Stephenson Street
Freeport, Illinois 61032
Telephone (815) 297-1300
Facsimile (815) 599-5819

Motor Fuel Tax Return \$0.02 Per Gallon TAX

For Month of: July-17
Due by last day of: August-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
--

This return, along with a payment equal to line 2 below, is due to the Finance Department on or before the due date indicated on this form. If the return and appropriate payment is not received by the due date, a 10 percent penalty may be imposed on the total tax due. An additional interest penalty may be assessed at the rate of 2 percent per thirty-day period, or portion thereof for each day of delinquency.

Distributor or Supplier Number _____

- 1. Amount of gallons sold: \$ _____
- 2. Multiply Line 1 by \$0.02 (Total tax due to City): \$ _____

A copy of Illinois Department of Revenue Motor Fuel Tax Return must accompany this return.

If there have been business changes since your last return, please complete the following:	
_____ Last Tax Return. Business was discontinued on _____	
_____ Ownership has changed: _____	New Owner: _____
	Address: _____
	Date of Change: _____
_____ Other changes. _____	

“Under penalties of perjury and other penalties which include a fine, imprisonment, or both; I affirm the information in this return is true and accurate to the best of my knowledge and belief and is taken from the books and records of the business for which this return is filed.”

Signature _____ Title _____ Date _____ Phone Number _____



City of Freeport, Illinois

Office of Finance and Budget

314 W. Stephenson Street
Freeport, Illinois 61032
Telephone (815) 297-1300
Facsimile (815) 599-5819

Motor Fuel Tax Return \$0.02 Per Gallon TAX

For Month of: August-17
Due by last day of: September-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
--

This return, along with a payment equal to line 2 below, is due to the Finance Department on or before the due date indicated on this form. If the return and appropriate payment is not received by the due date, a 10 percent penalty may be imposed on the total tax due. An additional interest penalty may be assessed at the rate of 2 percent per thirty-day period, or portion thereof for each day of delinquency.

Distributor or Supplier Number _____

- 1. Amount of gallons sold: \$ _____
- 2. Multiply Line 1 by \$0.02 (Total tax due to City): \$ _____

A copy of Illinois Department of Revenue Motor Fuel Tax Return must accompany this return.

If there have been business changes since your last return, please complete the following:	
_____ Last Tax Return. Business was discontinued on _____	
_____ Ownership has changed: _____	New Owner: _____
	Address: _____
	Date of Change: _____
_____ Other changes. _____	

“Under penalties of perjury and other penalties which include a fine, imprisonment, or both; I affirm the information in this return is true and accurate to the best of my knowledge and belief and is taken from the books and records of the business for which this return is filed.”

Signature _____ Title _____ Date _____ Phone Number _____



City of Freeport, Illinois

Office of Finance and Budget

314 W. Stephenson Street
Freeport, Illinois 61032
Telephone (815) 297-1300
Facsimile (815) 599-5819

Motor Fuel Tax Return \$0.02 Per Gallon TAX

For Month of: September-17
Due by last day of: October-17

Name: _____
Address: _____

MAIL TO: FINANCE DEPARTMENT
314 W. Stephenson Street
Freeport, IL 61032

This return, along with a payment equal to line 2 below, is due to the Finance Department on or before the due date indicated on this form. If the return and appropriate payment is not received by the due date, a 10 percent penalty may be imposed on the total tax due. An additional interest penalty may be assessed at the rate of 2 percent per thirty-day period, or portion thereof for each day of delinquency.

Distributor or Supplier Number _____

- 1. Amount of gallons sold: \$ _____
- 2. Multiply Line 1 by \$0.02 (Total tax due to City): \$ _____

A copy of Illinois Department of Revenue Motor Fuel Tax Return must accompany this return.

If there have been business changes since your last return, please complete the following:

_____ Last Tax Return. Business was discontinued on _____

_____ Ownership has changed: New Owner: _____

_____ Address: _____

_____ Date of Change: _____

_____ Other changes. _____

“Under penalties of perjury and other penalties which include a fine, imprisonment, or both; I affirm the information in this return is true and accurate to the best of my knowledge and belief and is taken from the books and records of the business for which this return is filed.”

Signature _____ Title _____ Date _____ Phone Number _____



City of Freeport, Illinois

Office of Finance and Budget

314 W. Stephenson Street
Freeport, Illinois 61032
Telephone (815) 297-1300
Facsimile (815) 599-5819

Motor Fuel Tax Return \$0.02 Per Gallon TAX

For Month of: October-17
Due by last day of: November-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
--

This return, along with a payment equal to line 2 below, is due to the Finance Department on or before the due date indicated on this form. If the return and appropriate payment is not received by the due date, a 10 percent penalty may be imposed on the total tax due. An additional interest penalty may be assessed at the rate of 2 percent per thirty-day period, or portion thereof for each day of delinquency.

Distributor or Supplier Number _____

- 1. Amount of gallons sold: \$ _____
- 2. Multiply Line 1 by \$0.02 (Total tax due to City): \$ _____

A copy of Illinois Department of Revenue Motor Fuel Tax Return must accompany this return.

If there have been business changes since your last return, please complete the following:	
_____ Last Tax Return. Business was discontinued on _____	
_____ Ownership has changed: _____	New Owner: _____
	Address: _____
	Date of Change: _____
_____ Other changes. _____	

“Under penalties of perjury and other penalties which include a fine, imprisonment, or both; I affirm the information in this return is true and accurate to the best of my knowledge and belief and is taken from the books and records of the business for which this return is filed.”

Signature _____ Title _____ Date _____ Phone Number _____



City of Freeport, Illinois

Office of Finance and Budget

314 W. Stephenson Street
Freeport, Illinois 61032
Telephone (815) 297-1300
Facsimile (815) 599-5819

Motor Fuel Tax Return \$0.02 Per Gallon TAX

For Month of: November-17
Due by last day of: December-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
--

This return, along with a payment equal to line 2 below, is due to the Finance Department on or before the due date indicated on this form. If the return and appropriate payment is not received by the due date, a 10 percent penalty may be imposed on the total tax due. An additional interest penalty may be assessed at the rate of 2 percent per thirty-day period, or portion thereof for each day of delinquency.

Distributor or Supplier Number _____

- 1. Amount of gallons sold: \$ _____
- 2. Multiply Line 1 by \$0.02 (Total tax due to City): \$ _____

A copy of Illinois Department of Revenue Motor Fuel Tax Return must accompany this return.

If there have been business changes since your last return, please complete the following:	
_____ Last Tax Return. Business was discontinued on _____	
_____ Ownership has changed: _____	New Owner: _____
	Address: _____
	Date of Change: _____
_____ Other changes. _____	

“Under penalties of perjury and other penalties which include a fine, imprisonment, or both; I affirm the information in this return is true and accurate to the best of my knowledge and belief and is taken from the books and records of the business for which this return is filed.”

Signature _____ Title _____ Date _____ Phone Number _____



City of Freeport, Illinois

Office of Finance and Budget

314 W. Stephenson Street
Freeport, Illinois 61032
Telephone (815) 297-1300
Facsimile (815) 599-5819

Motor Fuel Tax Return \$0.02 Per Gallon TAX

For Month of: December-17
Due by last day of: January-18

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
--

This return, along with a payment equal to line 2 below, is due to the Finance Department on or before the due date indicated on this form. If the return and appropriate payment is not received by the due date, a 10 percent penalty may be imposed on the total tax due. An additional interest penalty may be assessed at the rate of 2 percent per thirty-day period, or portion thereof for each day of delinquency.

Distributor or Supplier Number _____

- 1. Amount of gallons sold: \$ _____
- 2. Multiply Line 1 by \$0.02 (Total tax due to City): \$ _____

A copy of Illinois Department of Revenue Motor Fuel Tax Return must accompany this return.

If there have been business changes since your last return, please complete the following:	
_____ Last Tax Return. Business was discontinued on _____	
_____ Ownership has changed: _____	New Owner: _____
	Address: _____
	Date of Change: _____
_____ Other changes. _____	

“Under penalties of perjury and other penalties which include a fine, imprisonment, or both; I affirm the information in this return is true and accurate to the best of my knowledge and belief and is taken from the books and records of the business for which this return is filed.”

Signature _____ Title _____ Date _____ Phone Number _____