CITY OF OAK FOREST
MONTHLY MUNICIPAL MOTOR FUEL TAX RETURN
PURSUANT TO CITY CODE 02-2084

Month/Year
of Collection: _____

Due Date:
IN CONJUNCTION WITH THE ST-1 STATE FORM

Payee Name:

_____

Address: _____

_____

Telephone: _____

Local Business Name:

_____

Address: _____

_____

Telephone: _____

Illinois Business Tax (IBT) Number for Oak Forest
Business Location (from back of Illinois ST-1 Form): _____

COMPUTATION OF TAX LIABILITY

1) Gallons of motor fuel sold
(Worksheet ST-1 [back] – Total of Line #7) _____

2) Oak Forest Motor Fuel Tax
(Line 1 × $0.03) $ _____

3) Late payment penalty (1% per month or any
portion thereof—if paid after due date) $ _____

4) Total tax and penalty due
(Total of lines 2 and 3) $ _____

Under penalties of perjury and other penalties provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

_____ _____

Signature of Preparer Date Signature of Taxpayer Date

MAIL THIS COMPLETED FORM AND YOUR CHECK FOR AMOUNT SHOWN ON LINE 4 ALONG WITH COPY OF ILLINOIS DEPARTMENT OF REVENUE FORM ST-1 TO:

City of Oak Forest, Controller
City of Oak Forest
15440 South Central Avenue
Oak Forest IL 60452-2195

IF THERE ARE ANY QUESTIONS OR YOU NEED ADDITIONAL FORMS, PLEASE CALL THE CITY OF OAK FOREST AT 708-687-4050 EXTENSION 1003 OR 1002.