



# CITY OF COUNTRYSIDE

## VEHICLE FUEL TAX TAX RETURN FORM

**Payor Name – Distributor/Dealer (Corporate/Company)  
and Address (Mailing Address):**

**Business Name – Retail Establishment (DBA)  
and Address (Business Location):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Local Retailers' Illinois Business Tax (IBT) number (from Form ST-1): \_\_\_\_\_

For the Tax Period Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

### COMPUTATION OF TAX LIABILITY

1 Total Number of Gallons Subject To Tax		_____
2 Vehicle Fuel Tax	(Line 1 x \$0.04)	_____
3 Less: 1% Filing Fee (if payment is received on or before due date)	(Line 2 x 1%)	_____
4 AMOUNT DUE	(Line 2 - Line 3)	_____

**MAKE CHECKS PAYABLE TO: THE CITY OF COUNTRYSIDE**

**TAX DUE ON OR BEFORE THE 20TH OF THE SUBSEQUENT MONTH OR A PENALTY WILL BE ASSESSED.**

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 complete and accurate. 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 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Mail this completed return, a check for the amount due, and appropriate support for the certified gallons purchased as certified in this return (could include distributor/dealer invoice, or Form ST-1 and ST-2 if applicable), to:**

**City of Countryside  
Finance Department  
803 Joliet Rd  
Countryside, IL 60525  
708-485-2465**

Revised 9/23/2019