



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
5550 East Avenue
Countryside, IL 60525
708-485-2465**

Revised 6/1/16