



CITY OF DECATUR

Local Motor Fuel Tax Return

Pursuant to Decatur City Code Chapter 51.4



Business DBA Name/Local Address

Reporting Period _____ / _____
Month Year

Illinois Business Tax (IBT) #

_____ - _____

Corporate Name/Mailing Address (if different)

Or Employer Identification Number (EIN)

____ - _____

*If reporting multiple locations on one tax return, you must attach **Multiple Location Reporting** form LMFTR2.

Computation of Local Motor Fuel Tax Liability

	<i>Column 1 Non-Diesel</i>	<i>Column 2 Diesel</i>
1 Total gallons (sold if retailer/ purchased if bulk user) *		
2 Tax rate per gallon	\$0.05	\$0.01
3 Multiply line 1 times rate on line 2		
4 Subtotal (add Line 3, Columns 1 and 2)		
5 Prompt Payment Compensation – Deduct 1.75% (multiply line 4 times .0175) If filed and paid by the 20th of the month for the previous month		-
6 Penalty for late payment (multiply line 4 times 10% per month) # of Months _____ If paid after the 20th of the month for the previous month		
7 Total Tax to be remitted		

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct and complete.

Signature of Taxpayer

Signature of Preparer

Title

Company Name

Date Signed

Telephone Number

Date Prepared

Telephone Number

➡ Make Check Payable To: **City of Decatur**

➡ Mail this completed and signed return along with payment for the amount shown on line 7 to:

City of Decatur
 #1 Gary K Anderson Plaza
 Decatur, IL 62523

Questions? Call 217-424-2854
 City website and tax forms:

www.decaturl.gov