



Local Motor Fuel Tax Remittance Form

Pursuant to Bloomington City Code Chapter 39, Article XVIII

Owner / Corporate Name: Address: Contact: Phone: Email:	<div style="background-color: red; color: white; padding: 2px; font-weight: bold;">CHECKLIST</div> Fill out all Lines Attach ST-1 Attach ST-2 Multiple Location Form Attach Check Sign Form Remit all documents by the 25th of the month after collected ¹
DBA Business Name: Address: Contact: Phone: Email:	
Tax Preparer's Firm: Address: Phone: Email:	

1 Tax Collection Period: ¹	Month	Year
2 Tax Return Data: a. ST-1 Account ID	b. Final Return	c. Late
3 Calculate All Gallons Sold:		
a. Total Gallons of Gasoline <i>(All blends)</i>	_____	
b. Total Gallons of Diesel <i>(All blends)</i>	_____	
c. Total Gallons of Other Fuels	_____	
Total Gallons Sold:	3	_____
4 City Tax: (Multiply Line 3 by 0.08)	4
5 Discount: (Multiply Line 4 by 1.0%)	5
6 Late Penalty: (Multiply Line 4 by 5.0%)	6
7 Late Interest: (Multiply Line 4 by 2.0% for	# Months <input style="width: 40px; height: 20px;" type="text"/>	7
each month late):		_____
8 Credits:		8
9 Tax Due: ADD lines 4, 5, 6, 7, and 8	9

Mail To: City of Bloomington ATTN: Local Motor Fuel Tax P.O. Box 3157 Bloomington, IL 61702-3157	Drop Off: The Hub 115 E. Washington Street Suite 103 Bloomington, IL 61701	Contact: Finance Department Phone: 309-434-2233 Fax: 309-434-2463 Email: LocalTax@cityblm.org
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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.

Preparer Name: _____

(Printed Name)
(Signature)
(Date)

Owner Name: _____

(Printed Name)
(Signature)
(Date)

LOCAL MOTOR FUEL TAX FORM ASSISTANCE

GENERAL INFORMATION

- Your return is incomplete and subject to penalties and interest unless we receive:**
 - Signed tax return
 - State sales tax forms and confirmation number
 - Payment in full
 - All documents remitted in-person or postmarked by the 25th of the calendar month following the previous month's tax collection period.
- Tax data is subject to audit.
- Failure to remit taxes can result in an additional 25% penalty and legal costs.

STEP 1: NAMES, ADDRESSES, AND CONTACTS

- Owner/Corporate Name - Provide the name, address, contact, email and telephone number of the corporate office if different than the business physical retail location.
- DBA Business Name - Provide the name, address, contact, email and telephone number of the retail facility located Bloomington/Normal.
- Tax Preparer's Firm - Provide the name, address, email and telephone number of the person or firm who prepared the tax remittance form.

Note: Information need not be duplicated if it does not differ from one section to the next—simply make a note on the form.

STEP 2: TAX CALCULATIONS

Line 1. Enter the month taxes were collected.

- Line 2.
- Enter your ST-1 State Account ID [aka Illinois Business Tax Number (IBT)]
 - Check the box whether this return is the last for the Taxpayer/Owner
 - Check the box that payment is late and then calculate the penalty and interest below

Line 3. All gallons "sold at retail" are taxable—there are no exemptions:

- Enter total gallons of gasoline sold regardless of blend
- Enter total gallons of diesel sold regardless of blend
- Enter total gallons of other fuel blends not included above

Add the gallons from (a), (b), and (c) and enter the total on Line 3.

Line 4. Calculate the Tax Due prior to discounts, penalty, interest, and credits.

Line 5. The Taxpayer is allowed a 1% reimbursement for completing the tax form.

Line 6. If payment is made the 26th or any day after, a 5% penalty is imposed.

Line 7. If payment is made the 26th, a 2% interest fee is charged for the 1st month late. For each and every subsequent 26th of the month that taxes are unpaid, an additional 2% interest amount is due.

Line 8. If a credit exists on your account, you may deduct this amount from your tax return.

Line 9. Tax Due - **Make your check payable to the "City of Bloomington"** for the amount on this line.

STEP 3: SIGNATURES

The tax return must be signed by at least one representative of the business.

STEP 4: Document Remittance

Mail or bring in copies of the **(1)** Signed Tax Form, **(2)** State Tax Forms, **(3)** Multiple Location Form, and **(4)** Check made payable to the "City of Bloomington" by the 25th of the month after you collected taxes.

Local Motor Fuel Tax Detail Form (Multiple Locations)

Bloomington Address / Location(s)	Gallons of Gasoline Sold	Gallons of Diesel Sold	Gallons of Other Fuels Sold
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Other Illinois Address / Location(s)

Subtotals: _____

Grand Totals: _____

NOTES:

[a] All gallons sold at retail must be listed-- there are no deductions or exemptions.

[b] An Excel Document can replace this page as long as all the information is included.