

**VILLAGE OF OAK LAWN
OAK LAWN VEHICLE FUEL TAX MONTHLY RETURN
(FOR RETAIL DEALERS)**

TAX PERIOD: _____
MONTH YEAR

Business Name: _____

Address: _____

Telephone Number: _____ FEIN: _____

REPORT IN GALLONS

- | | | |
|-----|--|-----------|
| 1. | Vehicle fuel received upon which no tax was collected or paid (as itemized on schedule - see reverse page) | _____ |
| 2. | Deductions: | |
| | a) Sales to local governments | _____ |
| | b) Other deductions authorized by law (Itemize on separate schedule) | _____ |
| 3. | Total deductions (add 2a through 2b) | (_____) |
| 4. | Total taxable gallons | _____ |
| 5. | Tax (Line 4 x \$.03) | \$_____ |
| 6. | Less credit for commission - 1% of Line 5 | \$(_____) |
| 7. | Net tax (Line 5 minus Line 6) | \$_____ |
| 8. | Penalty for late payment (5% of Line 5) | \$_____ |
| 9. | Penalty for late filing (5% of Line 5) | \$_____ |
| 10. | Interest for late payment (1% per month of Line 5) | \$_____ |
| 11. | Total tax, penalty and interest (Line 7 or sum of Lines 5, 8, 9 and 10) | \$_____ |
| 12. | Credit (attach credit letter from Finance Director) | \$(_____) |
| 13. | Amount Due | \$_____ |

**VILLAGE OF OAK LAWN
OAK LAWN VEHICLE FUEL TAX MONTHLY RETURN
(FOR DISTRIBUTORS)**

TAX PERIOD: _____
 MONTH YEAR

Business Name: _____

Address: _____

Telephone Number: _____ FEIN: _____

Illinois Department of Revenue MFT Distributor License Number: _____

REPORT IN GALLONS

1. Vehicle fuel delivered in the Village (as itemized on Schedule – see reverse page). _____
2. Deductions:
 - a) Sales to other distributors in the Village _____
 - b) Sales to local governments _____
 - c) Other deductions authorized by law (Itemize on separate schedule) _____
3. Total deductions (add 2a through 2c) (_____)
4. Total taxable gallons _____
5. Tax (Line 4 x \$0.03) \$ _____
6. Less credit for commission – 1% of Line 5 \$(_____)
7. Net tax (Line 5 minus Line 6) \$ _____
8. Penalty for late payment (5% of Line 5) \$ _____
9. Penalty for late filing (5% of Line 5) \$ _____
10. Interest for late payment (1% per month of Line 5) \$ _____
11. Total tax, penalty and interest (Line 7 or sum of Lines 5, 8, 9 and 10) \$ _____
12. Credit (attach credit letter from Finance Director) \$(_____)
13. Amount Due \$ _____

