



Growing Families, Building a Community MONTHLY MUNICIPAL MOTOR FUEL TAX RETURN

PURSUANT TO CITY CODE 02-2084

Month/Year of Collection:	Due Date: In Conjunction with thi	E ST-1 STATE FORM
Payee Name:	Local Business Name:	
Address:	Address:	
Telephone:		
Illinois Business Tax (IBT) Number for Oak F Business Location (from back of Illinois ST-1		
COMP	UTATION OF TAX LIABILITY	
1) Gallons of motor fuel sold (Worksheet ST-1 [back] – Total of Line #7)	
2) Oak Forest Motor Fuel Tax (Line 1 × \$0.03)	\$	
3) Late payment penalty (1% per month or ar portion thereof—if paid after due date)	s	
4) Total tax and penalty due (Total of lines 2 and 3)	\$	
Under penalties of perjury and other penalties of my knowledge and belief it is true, correct the books and records of the business for which	and complete. I further declare that the infor	
Signature of Preparer	Date Signature of Taxpayer	Date
Mail this Completed form and your C Department of Revenue Form ST-1 to		ONG WITH COPY OF ILLINOIS

City of Oak Forest, Controller City of Oak Forest 15440 South Central Avenue Oak Forest IL 60452-2195

IF THERE ARE ANY QUESTIONS OR YOU NEED ADDITIONAL FORMS, PLEASE CALL THE CITY OF OAK FOREST AT 708-687-4050 EXTENSION 1003 OR 1002.