Local Motor Fuel Tax Remittance Form
Village of Shorewood
One Towne Center Blvd.
Shorewood, IL 60404
Phone (815) 207-4631 Fax (815)741-7715

Payer Name, Address, & Telephone

_____

_____

_____

Month/Year of Tax Collection

_____, 20____

Illinois Business Tax (IBT) Number for Business

_____

Computation of Tax:

1) Gallons of gasoline sold
   (Tax Return ST-1, back side, lines 18a and 19a) _____
2) Shorewood Gasoline Tax (Line 1 x $.05) $_____
3) Gallons of diesel sold
   (Tax Return ST-1, back side, lines 20a and 21a) _____
4) Shorewood Diesel Tax (Line 3 x $.08) $_____
5) Total Tax Due (Lines 2+4) $_____
6) Late Payments:
   a. Late Filing Penalty (Line 5 x 5%) $_____
   b. Late Payment Penalty (Line 5 x 5%) $_____
7) **Total Payment Due (Line 5 + Line 6a + Line 6b)** **$_____**

Under penalties of perjury and other penalties as provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, complete, and correct. I further declare that the information set forth is taken form the books and records of the business for which this tax return is filed.

_____ _____ _____ _____
Signature of Preparer Date Signature of Taxpayer Date

Please mail this completed return and a check payable to Village of Shorewood for the amount reflected in line 7 above, along with a copy of the Illinois Department of Revenue tax form ST-1 to:

Village of Shorewood attn.: Finance Director
One Towne Center Blvd
Shorewood, IL 60404