

Gasoline Tax Return Form

Collection Period: Month_	Yea	r		
Busines	s Name & Address:			
Computat	tion of Tax Liabilit	ry		
Number of Gallons of Gasoline Tax Sold		<u></u>		
2. Tax Rate per Gallon	••••	\$	Х	.02
3. Tax Due (line 1 multiplied by line 2)		\$ <u> </u>		
4. Penalty (3%) late payment if paid after the	e 20 th	\$ <u> </u>		
5. Total Due	••••	\$		
	ance Instructions			
Please remit the amount indicated on line 5 above. Checks shall be address shall be helpful. This form and a complete source of		-		-
the address shown below. This form and a complete copy of for the corresponding month must accompany your remittance	•	ent of Revenue Form 5	I-I (State Sa	tes tax return)
To the corresponding month must accompany your remittants				
The City must receive your remittance by the 20 th of the mon	th following the cale	endar month when the	taxes were	collected. If
the 20 th of the month falls on a Sunday or holiday when the C	ity Hall is closed, pa	yment must be receive	ed by the ne	xt business day.
However, a payment sent by mail must be postmarked no late	er than the 20 th of th	e month. If the 20 th o	f the month	falls on a
Sunday or national holiday when the U.S. Postal Service is clo	sed, the remittance	must be postmarked b	y the next b	usiness day.
Affirmation: Under penalties provided by the City of Darien Co	ode, I hereby affirm	that the statements co	ontained her	ein are taken
from the books and records of the business and are true and o	correct to the best o	f my knowledge.		
Signature of Preparer	Date	·	Phone No.	
Signature of Taxpayer	Date		Phone No.	
Please remember: Please mail this form and a complete copy of the	Illinois Department of F	Revenue Form ST-1 (state	sales tax retu	rn) for the

corresponding month and payment to the address listed below. Also, for questions please contact Marie Kyriakoulis, City Accountant at 630-353-8112.

Please return the completed form to: ATTN: Gasoline Tax

City of Darien 1702 Plainfield Rd Darien, IL 60561 Fax: 630-852-4709