



VILLAGE OF HOFFMAN ESTATES

(Office use only)

MUNICIPAL MOTOR FUEL TAX REMITTANCE FORM

Date Paid: \_\_\_\_\_
Amt. Paid: \_\_\_\_\_
Postmark: \_\_\_\_\_
Check #: \_\_\_\_\_

For the Month Ending: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Name (dba): \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City Hoffman Estates State IL Zip \_\_\_\_\_

Name of Preparer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State, Zip \_\_\_\_\_

Computation of Tax Liability:

- 1. Total Gallons Sold, or fraction thereof
2. Gross Tax - 2.5 cents per gallon
3. Late Payment Penalty (line 2 multiplied by 2%)
4. Total Amount Due (line 2 plus line 3)

Remittance Instructions

Please remit the amount indicated on line 4 above. Checks should be made payable to the Village of Hoffman Estates. This form and a copy of the Illinois Department of Revenue Form ST-1 (state sales tax return) or County Motor Fuel Tax form (CMFT-1/CMFT-2) for the corresponding period must accompany your remittance.

Your remittance must be received by the Village at the address shown below by the 20th of the month following the month when the taxes are collected. If the 20th of the month falls on a Sunday or holiday when the Village Hall is closed, payment must be received by the next business day. However, a payment sent by mail must be postmarked no later than the 20th of the month. If the 20th of the month falls on a Sunday or national holiday when the U.S. Postal Service is closed, the remittance must be postmarked by the next business day.

Affirmation

Under penalties provided by ordinance, I hereby affirm that the statements contained herein are taken from the books and records of the above business and are true and correct to the best of my knowledge.

Return form with payment and copy of ST-1 or CMFT to:

Village of Hoffman Estates
Attn: Gasoline Tax
1900 Hassell Road
Hoffman Estates, IL 60169
Fax: 847-843-4822
Phone: 847-843-4805

\_\_\_\_\_
Date

\_\_\_\_\_
Signature

\_\_\_\_\_
Printed Name

\_\_\_\_\_
Title