



RMFT-144 Alternative Fuels Return

Identify your business

Name _____ Federal employer identification number (FEIN) _____

Number and street address _____ Social Security number (SSN) _____

City _____ State _____ ZIP _____ AF - _____
Alternate fuel number _____

() - _____ Reporting period: Annual _____ Year _____
Telephone number _____ Monthly ____ / ____
Month Year

Step 1: Figure your tax - All calculations of tax are based on gallon measurements (*i.e.*, a liquid gallon, a gasoline gallon equivalent, or a diesel gallon equivalent). Use the Tax Rate Database at tax.illinois.gov to determine the tax rate for the period for which you are filing a return. For more information, see instructions.

- Complete the table below for the total gallons of alternative fuels used or sold for use in vehicles on public highways, and the total of any gallons of biodiesel blended, used, received, or produced for use intended to propel motor vehicles on public highways.

Identify Product	Number of Gallons (round to nearest whole gallon)	Tax Rate	Tax Due
a LP	_____	_____ (rate)	a \$ _____
b Biodiesel	_____	_____ (rate)	b \$ _____
c CNG	_____	_____ (rate)	c \$ _____
d Ethanol/Alcohol	_____	_____ (rate)	d \$ _____
e LNG	_____	_____ (rate)	e \$ _____
f _____	_____	_____ (rate)	f \$ _____
g _____	_____	_____ (rate)	g \$ _____
h _____	_____	_____ (rate)	h \$ _____
Total tax			1 \$ _____
2 Enter the total Illinois Motor Fuel Tax paid for diesel gallons purchased for blending. Attach invoices.			2 \$ _____
3 Subtract Line 2 from Line 1. This is your tax.			3 \$ _____
4 Enter the total credit you would like to apply.			4 \$ _____
5 Subtract Line 4 from Line 3. This is your net tax due.			5 \$ _____

Make your check payable to "Illinois Department of Revenue, Motor Fuel Tax."

Step 2: Sign below

The person(s) that will be personally responsible for filing returns and paying the tax due must sign below. Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct and complete.

Signature of Taxpayer/Responsible party _____ Date ____ / ____ / ____

This form is authorized as outlined by the Motor Fuel Tax Law. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.