Do *not* file this return on paper.

Illinois law requires Form RMFT-5-X to be submitted electronically.

Use MyTax Illinois, available at mytax.illinois.gov, to file your return.

Illinois Department of Revenue

RMFT-5-X Amended Return/Claim for Credit Motor Fuel Tax for Distributor/Supplier

REV 01
E S ___/___/___
NS DP CA
Do not write above this line.

Step 1: Identify yourself

Name_____ Original reporting period _____/__ __ __ __ (Month Year) Distributor license number D _____ -

OR

Address_____ (Number and street) Supplier license number S _____ -

_____ (City State ZIP) Telephone no. (__ __ __) __ __ __ - __ __ __ __

Note: All calculations of tax are based on gallon measurements (*i.e.*, a liquid gallon, a gasoline gallon equivalent, or a diesel gallon equivalent). For more information, see instructions for **each** column

		As originally reported or adjusted			Corrected amounts		
		Column 1 Gasoline Tax Rate	**Column 2** Diesel Fuel Tax Rate	**Column 3** Dyed diesel fuel	**Column 1** Gasoline Tax Rate	**Column 2** Diesel Fuel Tax Rate	**Column 3** Dyed diesel fuel
Step 2: Figure your total gallonage for the month							
1 Enter your actual (stick) inventory at the beginning of the month. This amount must agree with closing inventory of preceding month's return.	**1**						
2 Enter the number of gallons							
a produced, acquired, received or transported into Illinois tax-free (Schedule A, SA, or DA)	**2a**						
b produced, acquired, received or transported into Illinois tax-paid (Schedule E or SE)	**2b**						
c of combustible gases/1-K kerosene/alcohol sold for highway use (Schedule GA-1)	**2c**						
3 Add Lines 1 through 2c. Remember to do calculations within each column.	**3**						
4 Enter your actual (stick) inventory at the end of the month.	**4**						
5 Subtract Line 4 from Line 3. This is your net gallonage for the month.	**5**						
Step 3: Figure your nontaxable gallonage							
6 Enter the number of gallons sold to the federal government, *etc.* (Schedule B, SB, or DB)	**6**						
7 Enter the number of gallons exported from Illinois (Schedule C, SC, or DC)	**7**						
8 Enter the number of gallons							
a sold and distributed tax-free to a distributor or supplier (Schedule D, SD, or DD)	**8a**						
b sold and distributed tax-free to other than a distributor or supplier (Schedule DD-1)	**8b**						
c of dyed diesel fuel you used for nonhighway purposes	**8c**						
9 Enter the number of gallons lost due to fire, leakage, spillage, *etc.* (Schedule F)	**9**						
10 Enter the number of gallons of your loss due to temperature variation or evaporation ***or*** your gain due to temperature variation. Complete Line 10a **or** 10b per column.							
a Loss. **The amount of losses you claim are limited. See instructions.**							
or **b** Gain.		( )	( )	( )	( )	( )	( )
11 Add Lines 6 through 10b. This amount is your total nontaxable gallonage.	**11**						
12 Subtract Line 11 from Line 5. The amount in Column 3 should be zero.	**12**						
Steps 4 & 5: Figure your taxable gallonage							
13 Enter the number of gallons sold and distributed for taxable purposes.	**13**						
14 Enter the number of gallons you used in motor vehicles on public highways or for operating recreational-type watercraft on waters of Illinois.	**14**						
15 Enter the number of gallons you used for nontaxable (nonhighway) purposes.	**15**						
16 Add Lines 13, 14, and 15. This is your gross taxable gallonage.	**16**						
17 Enter the number of gallons on which tax was paid at the time of purchase. (Schedule E or SE)	**17**						
18 Subtract Line 17 from Line 16. This is your net taxable gallonage.	**18**						

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Follow our instructions for **each** column.

	As originally reported or adjusted			Corrected amounts		
	Column 1 Gasoline Tax Rate	**Column 2** Diesel Fuel Tax Rate	**Column 3** Dyed diesel fuel	**Column 1** Gasoline Tax Rate	**Column 2** Diesel Fuel Tax Rate	**Column 3** Dyed diesel fuel

Step 6: Figure your tax

19 Figure your gross tax due. If the amount on Line 18 is greater than zero, enter the amount from Line 18. Otherwise, enter "0" on Lines 19 - 21 within the column.

a _____ X gasoline tax rate. Enter the result on Line 19, Column 1.
Column 1, Line 18

b _____ X diesel fuel tax rate. Enter the result on Line 19, Column 2.
Column 2, Line 18

	As originally reported or adjusted			Corrected amounts		
19	$_____	$_____	$ //////////////////	$_____	$_____	$ //////////////////

20 If you originally filed and paid your tax due on time, figure your collection discount. See instructions.
Note: If you are increasing the amount of tax due, you **may not** increase the amount of your discount **unless** the increased tax due is paid on or before the due date of the original return. If you are decreasing the amount of tax due, refigure the amount of the discount to which you are entitled based on your new figures.

	As originally reported or adjusted			Corrected amounts		
20	$_____	$_____	$ //////////////////	$_____	$_____	$ //////////////////

21 Subtract Line 20 from Line 19. This is your net tax due by fuel type.

	As originally reported or adjusted			Corrected amounts		
21	$_____	$_____	$ //////////////////	$_____	$_____	$ //////////////////

22 Add Column 1, Line 21 and Column 2, Line 21. This is your **tax due**.

22 $_____ (As originally reported or adjusted) $_____ (Corrected amounts)

Step 7: Figure the amount you owe

23 Enter the amount of credit you wish to apply. (See instructions.)

23 $_____ (As originally reported or adjusted) $_____ (Corrected amounts)

24 Subtract Line 23 from Line 22.

24 $_____ (As originally reported or adjusted) $_____ (Corrected amounts)

25 Total amount paid to date for this reporting period.

25 $_____

26 If Line 24, Corrected Amounts Column, is greater than Line 25, subtract Line 25 from Line 24, Corrected Amounts Column. This is the ***amount you owe.***

26 $_____

27 If Line 24, Corrected Amounts Column, is less than Line 25, subtract Line 24, Corrected Amounts Column, from Line 25. If you want to claim a credit, you must complete Step 9.

27 $_____

Step 8: Sign and date your amended return

Under penalties of perjury, I state that I have examined this amended return, and, to the best of my knowledge, it is true, correct, and complete.

_____
Signature of person, other than taxpayer, who prepared this return Date

_____
Taxpayer's name

_____
Preparer's phone number

_____
Signature and title of taxpayer Date

Mail this return and payment to: Illinois Department of Revenue, PO Box 19019, Springfield, IL 62794-9019

Step 9: Complete your claim for credit - Complete Lines 28 through 30 if you are claiming a credit.

28 Explain below why the amount for which you are filing this claim is alleged to be a mistake of fact or an error in law. Attach additional sheets, if necessary.

29 Are you a party to a civil suit involving the above amounts? ____ yes ____ no
If "yes", what is the name of the suit?_____

30 Sign below

_____
Signature of claimant

_____
Title (Indicate whether owner, partner, officer, or authorized agent)

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.