



RMFT-144-X Amended Alternative Fuels Return

Station 561

Identify your business

Name _____

Federal employer identification number (FEIN) _____

Number and street address _____

Social Security number (SSN) _____

City _____ State _____ ZIP _____

AF - _____
Alternate fuel number

(_____) _____
Telephone number

Reporting period: Annual _____
Year

Monthly _____ / _____
Month Year

Step 1: Mark the reason why you are filing an amended return

1 ___ Overpaid (Must complete all Steps)

3 ___ Response to notice or bill

2 ___ Underpaid

4 ___ Corrections to line items but no additional tax due

Step 2: 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). 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. You must report all figures as they should have been on your original return or previously amended RMFT-144.

Identify Product	Number of Gallons (round to nearest whole gallon)	Tax Rate	Tax Due
a LP	_____	0.215	a \$ _____
b Biodiesel	_____	0.226	b \$ _____
c CNG	_____	0.190	c \$ _____
d Ethanol/Alcohol	_____	0.201	d \$ _____
e LNG	_____	0.215	e \$ _____
f _____	_____	_____	f \$ _____
g _____	_____	_____	g \$ _____
h _____	_____	_____	h \$ _____
Total tax			\$ _____

Turn to Page 2 to complete Steps 3, 4, and 5.

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.

Step 3: Figure your net tax due

- 1 Copy the total tax from Page 1, Step 2. 1 \$ _____
- 2 Enter the total Illinois Motor Fuel Tax paid for diesel gallons purchased for blending of biodiesel.
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 \$ _____
- 6 Enter the total amount you have previously paid. 6 \$ _____
Compare Line 5 and Line 6.
 - If Line 6 is **greater than** Line 5, enter the difference on Line 7.
 - If Line 6 is **less than** Line 5, enter the difference on Line 8.
- 7 Overpayment - This is the amount you have overpaid. Complete Steps 4 and 5. 7 \$ _____
- 8 Underpayment - This is the amount you have underpaid. Please pay this amount. 8 \$ _____
Make your check payable to "**Illinois Department of Revenue, Motor Fuel Tax.**"
Go to Step 4 and sign this return.

Step 4: 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

Step 5: Complete your claim for credit

If you are entitled to a claim for credit, you must complete Items 1, 2, and 3.

- 1 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.

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

- 3 Sign below

Signature of claimant

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