



# Form RMFT-5-X Page 2

Follow our instructions for **each** column.

## As originally reported or adjusted

## Corrected amounts

### 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 0.19. Enter the result on Line 19, Column 1.

Column 1, Line 18

**b** \_\_\_\_\_ X 0.215. Enter the result on Line 19, Column 2.

Column 2, Line 18

**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.

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

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

### Step 7: Figure the amount you owe

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

**24** Subtract Line 23 from Line 22.

**25** Total amount paid to date for this reporting period.

**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**.

**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.

### 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.