



Illinois Department of Revenue
RMFT-143 Illinois Motor Fuel Tax Refund Claim
for Overpayment of IFTA Decals

Send us your completed claim form and **attach** a copy of your proof of payment for the decals. Keep a copy for your records.

Step 1: Identify yourself

<p>1 _____ Name</p> <p>_____</p> <p>Number and street address</p> <p>_____</p> <p>City State ZIP</p>	<p>3 _____ - _____ - _____ Social Security no. (SSN) <i>or</i></p> <p>_____ - _____ - _____ Federal Identification no. (FEIN)</p> <p>4 (____) _____ - _____ Telephone no.</p>
<p>2 _____ IFTA Account no.</p>	

Step 2: Figure your refund

Reminder: Attach one copy of your proof of payment for the decals.

<p>5 Decal year for which I overpaid: _____</p> <p>7 Number of decal sets I received: _____</p> <p>8 Amount of payment I remitted for the decals \$ _____</p> <p>9 Amount of payment I should have remitted \$ _____ (Line 7 x \$3.75)</p> <p>10 Amount of overpayment to be refunded: \$ _____ (Subtract Line 9 from Line 8)</p>	<p>6 Decal numbers I received: _____ - _____</p>
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Step 3: Justification for refund

11 Please state why you are requesting a refund for your overpayment of IFTA decals: _____

Step 4: Sign below

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

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

Mail your refund claim to: **MOTOR FUEL TAX REFUND SECTION**
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19019
SPRINGFIELD IL 62794-9019