



Illinois Department of Revenue

CMFT-2-X Amended Multiple-Site Form

Attach to Form CMFT-1-X.

Rev 01
Form 027

Do not write above this line.

Account ID: _____ - _____

Business name: _____

Reporting period you are amending: ___/___/___ through ___/___/___
Month Day Year Month Day Year

Column A

Column B
Amount of tax

You must round your figures to the nearest whole number. See instructions. Number of taxable gallons
Site where the taxable retail sale was made:

Table with 5 columns: Location code, Site name, Site address, City, state, ZIP, and a calculation column (4 * X / (Tax Rate) = 5). Repeated 6 times.

This form is authorized by the County Motor Fuel Tax Law. Disclosure of this information is REQUIRED. Failure to provide information may result in this form not being processed and may result in penalty.

