



# CMFT-1 County Motor Fuel Tax Return

Do not write above this line.

Account ID: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Business name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

## Step 1: Figure your taxable gallons

You must round your figures to whole numbers. (See instructions.)

**1** Total gallons sold - Enter the number of gallons of motor fuel subject to County Motor Fuel Tax that you sold at retail. (Report only retail sales on this line.) **1** \_\_\_\_\_

**2** Deductible gallons

**a** Enter the number of gallons of motor fuel you sold to organizations that are exempt from paying County Motor Fuel Tax. **2a** \_\_\_\_\_

**b** Other deductible gallons allowed by law Enter the number of gallons **2b** \_\_\_\_\_

Describe: \_\_\_\_\_

**3** Total deductible gallons (Add Line 2a and Line 2b.) **3** \_\_\_\_\_

**4** Taxable gallons (Subtract Line 3 from Line 1.) **4** \_\_\_\_\_

## Step 2: Figure your net tax and discount

**5** Tax due (Multiply Line 4 by the applicable rate. See instructions. Note: For multiple site filers, this total comes from Form CMFT-2. Attach Form CMFT-2 to your Form CMFT-1.) **5** \$ \_\_\_\_\_

**6** If you qualify for the retailer's discount, multiply Line 5 by the applicable rate. (See instructions.) **6** \$ \_\_\_\_\_

**7** Net County Motor Fuel Tax due (Subtract Line 6 from Line 5.) **7** \$ \_\_\_\_\_

**8** Enter excess County Motor Fuel Tax collected **8** \$ \_\_\_\_\_

**9** Total County Motor Fuel Tax due (Add Line 7 and Line 8.) **9** \$ \_\_\_\_\_

## Step 3: Figure your payment due

**10** Enter credit amount **10** \$ \_\_\_\_\_

**11** Payment due (Subtract Line 10 from Line 9.) **11** \$ \_\_\_\_\_  
Make your check payable to "Illinois Department of Revenue".

## Step 4: 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.

Taxpayer's signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Preparer's signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Mail your completed return and payment to:

**COUNTY MOTOR FUEL TAX  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19034  
SPRINGFIELD, IL 62794-9034**



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.