Illinois Department of Revenue

Electronic Filing Format for Motor Fuel Reporting

January 1, 2018

Effective January 1, 2018, the following changes will be required on the Motor Fuel tax schedule file.

- The "Product Use" options on the Schedule LB have been expanded to include:
  - Aviation fuel sold for purposes other than use in air craft
  - Aviation fuel sold to non-exempt air carriers

You may begin testing your software for these changes, but please do not start using this format until the December 1, 2017 period (due January 22, 2018)

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GENERAL INFORMATION FOR SCHEDULE REPORTING

License Numbers

- License numbers consist of a 2-digit license prefix number and a 5-digit license sequence number
  - License prefixes – must use numeric prefix instead of alpha character for all license numbers on all records
    - '01' – 'D'istributor
    - '02' – 'S'upplier
    - '08' – 'R'eceiver
  - License sequences – must report all 5-digits numerically and **must be reported as listed on Motor Fuel Certificate of Registration**
    - Distributors – will be either a 5-digit license sequence number with a leading zero (ex., 0XXXX) or 5-digit license sequence number (ex., 4XXXX).
    - Suppliers – will be a 5-digit license sequence number with a leading zero (ex., 0XXXX).
    - Receivers
      - Receiver only license – You do not have a distributor or supplier license. You will receive a 5-digit license sequence number with two leading zeroes (ex., 00XXX).
      - Receiver who also has a supplier's license – Your supplier license is (ex., 0XXXX). Must replace the zero with a 2 for your receiver's license sequence number (ex., 2XXXX).
      - Receiver who also has a distributor's license – Your distributor license is (ex., 0XXXX). Must replace the zero with a 1 for your receiver's license sequence number (ex., 1XXXX). If your distributor license number is (ex., 4XXXX), your receiver license number is the same license sequence. You will enter the same number for both your distributor number and receiver number the only difference will be the prefix number.

<u>Only</u> for the following activities are you allowed to report as detailed below on your Motor Fuel schedules. Any fields not mentioned must report as specified in record layout. For all other activities, you are to report as detailed in the record layouts. If you have any questions or have questions on other activities that are not mentioned, please contact the Motor Fuel Tax and Refund Section at (217) 782-2291.

Schedules A, SA, DA, LA

- <u>Importing</u>
  - Receipt type - must be "2"
  - Tax type – must be "3"
  - Invoice & bill of lading numbers – may list bill of lading number for both if pulling from your own storage
  - Name of seller - must report your own company's name
  - Origin - must not be an Illinois city/state.
    - When importing, please list the appropriate abbreviation for state; see "Abbreviations for US States, Canadian Providences/ Territories and Mexican States"
  - Seller's license number – must list your own company's license number
  - No pipeline transaction should be reported as an import, see "Pipeline transactions"

GENERAL INFORMATION FOR SCHEDULE REPORTING

- Pipeline transactions
  - Invoice date - list date product was "received from the pipeline".
  - Invoice and bill of lading numbers - list the batch number assigned by the pipeline company.
  - Name of carrier - list the pipeline company where the fuel is received
  - Name of seller – list "Received from pipeline"
  - Origin and Destination – list the Illinois location where the fuel was removed from the pipeline
  - Seller's license number – should report "0199999","0299999" or "0899999" depending on licensed entity
- "Dyeing of Fuel" – "Dyeing of Fuel" **must** only be done at the terminal level to guarantee the correct specifications as detailed in the Illinois Complied Statutes (ILCS 35/505 4d). If you meet this requirement and are able to report this transaction.
  - Schedule SA reporting
    - Invoice and bill of lading numbers – must create a number to be used in both fields
    - Name of carrier – list "Dyeing of fuel"
    - Name of seller and Seller's license number – must be your own company name and license
    - Origin and Destination – list the Illinois location where the fuel was dyed
    - Invoiced gallons – must list the number of undyed diesel gallons used in dyeing process as a credit entry (negative number)
  - Schedule DA reporting
    - Invoice and bill of lading numbers – must be the same as created number(s) on the Schedule SA
    - Name of carrier – list "Dyeing of fuel"
    - Name of seller and Seller's license number – must be your own company name and license
    - Origin and Destination – list the Illinois location where the fuel was dyed
    - Invoiced gallons – must list the same number of diesel gallons used in dyeing process as on the Schedule SA but as a positive entry to bring into your dyed inventory
- "Reclassifying of Fuel" – 1-K to clear or dyed Diesel Fuel or clear or dyed Diesel Fuel to 1-K
  - Must mail a letter of explanation as to why the fuel was reclassified
  - Schedule SA reporting
    - Name of carrier – list "reclassifying of fuel"
    - Name of seller and Seller's license number – list your own company name and license
    - Invoiced gallons – should be positive gallons if reclassifying from 1-K to clear diesel and negative gallons if reclassifying from clear diesel to 1-K
  - Schedule LA reporting
    - Name of carrier – list "reclassifying of fuel"
    - Name of seller and Seller's license number – list your own company name and license
    - Invoiced gallons – should be negative gallons if reclassifying from 1-K to clear diesel and positive gallons if reclassifying from clear diesel to 1-K
- "Book transfers" – We define a "book transfer" as: The transfer of inventory within Illinois by a single company. The product is not sold or exported, but only transferred on paper from one location to another location within Illinois. You **do not report** the intercompany inventory movements within Illinois.

GENERAL INFORMATION FOR SCHEDULE REPORTING

- "Exchange Agreements" – An exchange agreement is where the product actually changes owners even though the product may not physically move. Exchange agreements where there is physical movement should be reported like normal transactions. Exchange agreements where the product does not move must be reported in the following manner:
    - Invoice and bill of lading numbers – list the exchange agreement number for both invoice/bol and the other company should be reporting the same number for both invoice/bol
    - Name of carrier – list "Exchange agreement"
    - Name of seller and Seller's license number – list company you are in exchange with
    - Origin and destination – list the same location for both (location of fuel you are receiving)
- Blending transfers
    - "XFER TO SCHED M" – This is the transfer(s) of reportable product (gasoline, clear diesel, etc.) to the Schedule M from the schedule A/SA/DA/LA. The transfer can be either the primary product or the blending agent or both depending on which column the reportable product is in.
        - Receipt type – list "1"
        - Tax type – list "3"
        - Invoice date – list last day of the month
        - Invoice and bill of lading numbers – create a number to enter for both (cannot be blank, space filled or zero filled)
        - Name of carrier – list own company name
        - Name of seller – "XFER TO SCHED M"
        - Origin and destination – for both, list location of where you do your blending
        - Seller's license number – list your own company license number
        - Invoiced gallons – must be a negative entry, list total reportable product amount per column
    - "XFER FR SCHED M" – This is the transfer of the "total end product" back to the Schedule A/SA/DA.
        - Receipt type – list "1"
        - Tax type – list "3"
        - Invoice date – list last day of the month
        - Invoice and bill of lading numbers – create a number to enter for both, cannot be blank, space filled or zero filled
        - Name of carrier – list own company name
        - Name of seller – "XFER FR SCHED M"
        - Origin and destination – for both, list location of where you do your blending
        - Seller's license number – list your own company license number
        - Invoiced gallons – must be a positive entry, must list the total of the total end product
- Receipt type "3" (Production) – you may list just one entry for all production gallons for the month
    - Invoice and bill of lading numbers – list refinery production number for both numbers
    - Name of seller and Seller's license number – list your own company name and license number
    - Name of carrier – list refinery
    - Origin and destination – list location of refinery for both
- Tax-free receipts from unlicensed companies – Since unlicensed companies are not allowed to sell Motor Fuel tax-free or UST/EIF tax-free. If you receive product from an unlicensed company tax-free, please supply the invoices to the Department.

GENERAL INFORMATION FOR SCHEDULE REPORTING

- Receipts of gasoline MF tax-free only (Schedule A)
  - Tax type – list "1"
  - Filer's license number and Seller's license number – must be Distributor license only, Example (0102222). Suppliers cannot sell gasoline MF tax-free.
- Receipts of UST/EIF tax-free only
  - Tax type – list "2"
  - Filer's license number and Seller's license number – must only use Receiver license numbers, Example (0812222).
- Reporting of destinations – Destinations on the Schedules A/SA/DA/LA must be an Illinois city only.

Schedules E, SE, LE

- Importing – You **cannot** report imports on this schedule. You must report imports on Schedules A/SA/DA/LA only.
- UST/EIF tax-paid dyed diesel on the Schedule LE – You must also report the MF tax-free purchase of the fuel on your Schedule DA.
- Reporting unlicensed companies – You may be required to provide copies of tax-paid invoices for verification.
  - Seller's license number – list all zeroes

Schedules B/SB/DB

- Reporting of Purchaser names – You must list name of exempt entity. You may abbreviate office titles but do not use anagrams. Do not use name of the person purchasing the fuel but the office or department they represent (Example: Dept of Justice).
- Reporting of Name of Carrier, Origins and Destinations – If the fuel was sold at the retail outlet, you may list "R/O" (retail outlet) for the name of carrier, origin city and destination city.
- Reporting of Name of Purchaser on Sales to Non – Recreational Type Watercraft – You may list the vessel name or company name.
- Gasoline sales for Aviation purposes (Schedule B only) – You must either mail in or e-mail (REV.MF@Illinois.gov) an exemption certificate for all sales of gasoline for aviation purposes on the Schedule B in lieu of the tax.
- Municipal Corporations Owning and Operating Local Transportation Systems (Schedules B/SB) – You must either mail in or e-mail (REV.MF@Illinois.gov) an exemption certificate for all sales to Municipal Corporations Owning and Operating Local Transportation Systems in lieu of the tax.
- Privately Owned Public Utilities (Schedules B/SB) - You must either mail in or e-mail (REV.MF@Illinois.gov) an exemption certificate for all sales to Privately Owned Public Utilities in lieu of the tax.
- Sales on the Schedule DB
  - Exemption certificates – Exemption certificates for Municipal Corporations Owning and Operating Local Transportation Systems and Privately Owned Public Utilities are not required on the Schedule DB. Exemption certificates are only required on the Schedules B/SB.
  - Sales to Non-Recreational Type Watercraft - does not belong on the Schedule DB, sales must be entered on the Schedule DD-1 with a fuel use code of "M".

GENERAL INFORMATION FOR SCHEDULE REPORTING

Schedule LB

- Sales to Qualified Airlines
  - Origin – list name of Airport where fuel is to be used
- Sales to Qualified Rail Carriers
  - Origin – Space fill
- Sales to Ships, Barges, and Vessels
  - Origin – Space fill

Schedules C/SC/DC/LC

- Pipeline transactions
  - Invoice date - list date product was "distributed into the pipeline".
  - Invoice and bill of lading numbers - list the batch number assigned by the pipeline company.
  - Name of carrier - list the pipeline company
  - Name of purchaser – list "distributed into the pipeline"
  - Origin – list the Illinois location where the fuel was placed into the pipeline
  - Destination – list the out-of-state location in which the product will be removed from the pipeline

- Reporting Name of purchaser – must list an actual company name.
- Reporting exports going to other states and foreign nations
  - Destination city – list the city where the fuel is exported
  - Destination state – list the appropriate abbreviation for state; see "Abbreviations for US States, Canadian Providences/ Territories and Mexican States"

Schedules D/SD/DD/LD

- Pipeline transactions
  - Invoice date - list date product was "distributed into the pipeline".
  - Invoice and bill of lading numbers - list the batch number assigned by the pipeline company.
  - Name of carrier - list the pipeline company
  - Name of purchaser – list "distributed into the pipeline"
  - Origin and Destination – list the Illinois location where the fuel was placed into the pipeline
  - Purchaser's license number – should report "0199999","0299999" or "0899999" depending on licensed entity
- "Exchange Agreements" – An exchange agreement is where the product actually changes owners even though the product may not physically move. Exchange agreements where there is physical movement should be reported like normal transactions. Exchange agreements where the product does not move must be reported in the following manner:
  - Invoice and bill of lading numbers – list the exchange agreement number for both invoice/bol and the other company should be reporting the same number for both invoice/bol
  - Name of carrier – list "Exchange agreement"
  - Name of purchaser and Purchaser's license number – list company you are in exchange with
  - Origin and destination – list the same location for both (location of fuel you are receiving)

GENERAL INFORMATION FOR SCHEDULE REPORTING

- Sales to unlicensed companies – Tax-free sales to unlicensed Motor Fuel companies are not allowed.
- Sales of gasoline to licensed Suppliers – must charge the Motor Fuel tax, but may sell UST/EIF tax-free (Tax type "2"), using the receiver license number for both the filer and purchaser license numbers.

Schedule DD-1

- Fuel Use Code "O" – If you use a fuel use code of "O", you must also enter "Fuel Usage Description" (Field #25, Positions 190-198).
- Purchaser names – when listing a person's name instead of a company name, you must list last name first and then first name.
- Purchaser address – list physical address of company or individual (including city, state and zip code).

Schedule F (must be keyed in MyTax)

- Reporting loss – In addition to supplying a detail description of the loss on Schedule F; you must either submit an attachment with your return on MyTax or e-mail (REV.MF@Illinois.gov) all documentation concerning your loss claim including but not limited to Police reports, EPA reports, Fire Marshall reports, stick readings, tank conversation charts, and invoices.

Schedule J (must be keyed in MyTax)

- List products on this schedule that are received at refineries located in Illinois for the purpose of manufacturing motor fuel.

Schedules MG/MS

- Reporting Primary product (Column 2) gallons – In this column, you must report the gallons of the product that is the greater in quantity of the two products you are blending.
- Blended date – You cannot lump all of your blending together for the month into one transaction. You are required to list the day the blending actually occurred.
- End product – You are required to report individual transactions (per day) for each different end product.

Schedule GA-1

- Report alternative fuel products on this schedule that were sold tax-paid for on highway or used by your company for on highway.

Field Formats

- All numeric fields are in unpacked format, preceded with zeroes, right justified and zero-filled when not used.
- All alphanumeric fields are to be left justified and space-filled when not used.
- Not all fields in the data records are required. Refer to the record layouts and schedules to determine which fields are required for the schedules you are submitting on the diskette file.
- Incompatible files or variances from these specifications shall not be accepted. Any file that cannot be read will be

required to be replaced.

Record Layouts and Schedules

- To ensure proper formatting of records, an example of each schedule has been included in this book with a record layout. The record layout for an entry record is the same for all schedules. However, each schedule requires varying information. Thus, each schedule is listed with its report layout requirements.
- The record layouts have a column titled "FLD" that numbers each field in the record. The example schedules have circled numbers that correspond to these field numbers.
- If the field number does not have a corresponding number on the schedule, enter whatever is shown in the "Remarks" column of the record layout.

Date Fields

- The century must not be included for reporting periods and invoice dates on the magnetic media records.

Gallon Fields

- The invoice gallon field for 'E' records is 10 bytes long. This includes a one digit decimal position. The decimal point is implied and should not be entered. Gallons should be rounded to the nearest whole gallon. The field should be right justified and left zero filled with a zero in the one digit decimal position.

  Example: 25,963.6 gallons would be rounded and entered as 0000259640.
  25,963.2 gallons would be rounded and entered as 0000259630.

- The total invoice gallon field on record types 'S', 'V', and 'Z' is 15 bytes long with a one digit decimal position. The decimal point is implied and should not be entered. The field should be right justified and left zero filled with a zero in the one digit decimal position.

  Example: 245,693.0 gallons would be entered as 000000002456930.

- For Schedule MG and MS each whole gallon of the primary and blending agent must add together to exactly equal the end product.

- To accumulate the total record gallons:
  - 'S' record gallons are accumulated by adding all 'E' record gallons for the specified schedule with a filing indicator of 'O' or 'C'. Gallons with a filing indicator 'R' and 'N' should be subtracted from the total.
  - Gallons for record 'V' should be the accumulated gallons for all 'S' records for the specified license number.
  - Gallons for record 'Z' should be the accumulated gallons for all 'V' records.

Instructions for Showing Blended Fuel on Receipt Schedules

To show blending you need 2 records. The first is to subtract the fuel, and the second is to add the total blended fuel back in. The receipt schedules are “A”, “SA”, “LA” and “DA”.

Enter all of the information exactly as you would normally, with the following exceptions:

1 **Filing Indicator,** position 26:

Record 1 - Use an “N” to indicated Negative Data to take the fuel out.
Record 2 - Use an “O” to indicate Original Data to add the blended fuel back in.

2 **Net Gallons,** positions 178 - 187:

Record 1 - Enter gallons to be subtracted.
Record 2 - Enter gallons to be added.

(Use a POSITIVE number in both cases, the Filing Indicator will tell our system whether it should be subtracted or added.)

3 **Seller’s License Number,** positions 94 - 113:

Both records - Use your own License number. Do not leave the field blank or zero fill.

4 **Seller’s Name,** positions 74 - 93: Record

Record1 - Enter “XFER TO SCHED M”
Record 2 - Enter “XFER FR SCHED M”

5 **Invoice Date,** positions 114 - 119:
BOL Date, positions 132 - 137:

Both records - Enter the date of transfer in both fields.

6 **Tax Type,** position 188:

Both records - Enter a “3” into both fields.

7 **Receipt Type,** position 199:

Both records - Enter a “1” into both fields.

8 **Invoice Number,** positions 120 - 131:
BOL Number, positions 138 - 147:

Origin, positions 212 - 226:
Destination, Positions 227 - 241:
Carrier Name, positions 242 - 256:

Both records - You can enter anything you want in these fields except all spaces or all zeroes.

Note: Gallons with Filing Indicator of “N” should be subtracted when accumulating gallons for Schedule total (record “S”), Vendor total (record “V”), and File total (record “Z”).

Illinois Department of Revenue

Schedule A

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF
Gasoline Products Produced, Acquired, Received, or Transported into Illinois

Page ____ of ____

Step 1: Complete the following information

Company name: Gas & Oil Co 8

Your license number: D-04321 1

Reporting period 0 7 / 2 0 0 0 9
Month Year

Check the tax/fee type you are listing on this page.

- ☐ MFT-free only
- ☐ UST-/EIF-free only
- ☒ Both MFT- and UST-/EIF-free 23

Check the receipt type that you are listing on this page.

- ☒ Gasoline products received in Illinois 26
- ☐ Gasoline products imported into Illinois
- ☐ Gasoline products produced in your Illinois refinery

Step 2: Report your tax- and fee-free purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of seller	6 Origin (city and state)	7 Destination (Illinois cities only)	8 Seller's license number	9 Invoiced gallons
1	0 7/17/2000	A1234	AB Trucking	B5678	Test Oil Co	Chicago IL	Springfield	D-02354	15,000
	17	18	31	20	15	29	30	16	22
2	__/__/____								

Motor Fuel Uniform Schedules

Schedule "A" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 – 2 Type	Enter filer license type. '01' - for distributor '08' - for receiver (If '08', must be same as Field 16)
			N	3 – 7 Sequence #	Filer license number. (Leading zero, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'A'.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**SELLER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**SELLER NAME**	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules
Schedule "A" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**SELLER LICENSE NUMBER**	Enter seller license type.
			N	94 – 95 Type	'01' - for distributor '08' - for receiver (If '08', must be same as field 01)
			N	96 - 100 Sequence	Seller license number. (Leading zero, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102-113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**INVOICED GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 - 188	1	N	**TAX TYPE**	Enter tax type. '1' - MFT-Free only '2' - UST-/EIF-Free only '3' - Both MFT - and UST-/EIF-Free
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 198	9	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting".
26	199 - 199	1	A/N	**RECEIPT TYPE**	Enter schedule gallon type. '1' - Illinois receipts '2' - Imported '3' – Produced
27	200 - 210	11	A	**FILLER**	Space fill.
28	211 - 211	1	A	**MEDIA CODE**	Enter 'D'.
29	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
30	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
31	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE
---
065 – GASOLINE
124 – GASOHOL
999 – OTHER (specify)

Illinois Department of Revenue

Schedule B

Attach to Form RMFT-5

Motor Fuel Tax

Gasoline Products Sold to the Federal Government, Authorized Foreign Diplomats, Municipal Corporations Owning and Operating Local Transportation Systems, to Certain Privately Owned Public Utilities, Non-Recreational Type Watercraft, or for Aviation Purposes

Step 1: Complete the following information

Gas & Oil Co. 8
Company name

D-04321 1
Your license number

Reporting period 07/2000 9
Month Year

Step 2: Report your nontaxable sales to the federal government, authorized foreign diplomats, etc.

	1 Invoice date (month, day, year)	2 Invoice or serial number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Invoiced gallons
1	07/18/2000	C15643	XZ Transport	A19565	Test Oil Co.	Moline	Rock Island	9,500
2	17 __/__/____	18	30	20	15	28	29	22

Motor Fuel Uniform Schedules

Schedule "B" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'B'.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules
Schedule "B" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**INVOICED GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 - 188	1	N	**FILLER**	Zero fill.
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 198	9	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product codes for Illinois Reporting"
26	199 - 210	12	A	**FILLER**	Space fill.
27	211 - 211	1	A	**MEDIA CODE**	Enter 'D'.
28	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE
---
065 – GASOLINE
124 - GASOHOL
999 - OTHER (specify)

Illinois Department of Revenue

Schedule C

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF
Sales and Transfers of Gasoline Products Delivered to Points Outside of Illinois

Step 1: Complete the following information

Gas & Oil Co 8
Company name

D-04321 1
Your license number

MO 27
Name of state into which shipments were made

Reporting period 0 7 / 2 0 0 0 9
Month Year

Step 2: Report your exported gallons

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (city and state)	8 Invoiced gallons
1	07/20/2000	169877	ABC Trucking	B165544	Test Oil Co	Springfield	St Louis MO	8,800
2	17 / /	18	31	20	15	29	30	22

Motor Fuel Uniform Schedules
Schedule "C" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'C'.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 – 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 – 51 Month	01 – 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**PURCHASER NAME**	Name of purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules
Schedule "C" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**PURCHASER FEIN**	
			N	94 – 102 FEIN	Enter FEIN number.
			N	103 Code	Zero fill.
			A	104 - 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**INVOICED GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 - 188	1	N	**FILLER**	Zero fill.
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 198	9	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
26	199 - 208	10	A	**FILLER**	Space fill.
27	209 - 210	2	A	**EXPORT STATE**	Enter valid postal abbreviation for the export state.
28	211-211	1	A	**MEDIA CODE**	Enter 'D'.
29	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
30	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
31	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE
---
065 – GASOLINE
124 - GASOHOL
999 - OTHER (specify)

Illinois Department of Revenue

Schedule D

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF
Gasoline Products Sold and Distributed Tax- and Fee-Free in Illinois to Licensed Distributors and Receivers

Page ____ of ____

Step 1: Complete the following information

Test Oil Co. 8
Company name

D-02345 1
Your license number

Reporting period 07 / 2000 9
Month Year

Check the tax/fee type you are listing on this page.

23 ☒ MFT-free only
☐ UST-/EIF-free only
☐ Both MFT- and UST-/EIF-free

Step 2: Report your tax- and fee-free sales

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Purchaser's license number	9 Invoiced gallons
1	07/17/2000	A1234	XT Transport	B5678	Gas & Oil Co.	Joliet	Lincoln	D-04321	15,000
	17	18	30	20	15	28	29	16	22
2	__/__/____								

Motor Fuel Uniform Schedules

Schedule "D" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '08' - for receiver (If '08', must be same as field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'D'.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 – 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 – 51 Month	01 – 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill
14	73 – 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules
Schedule "D" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 – 95 Type	Enter purchaser license type. '01' – distributor '08' – receiver (If '08', must be same as field 01)
			N	96 – 100 Sequence #	Purchaser license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 – 113 Filler	Space fill.
17	114 - 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**INVOICED GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 - 188	1	N	**TAX TYPE**	Enter tax type. '1' - MFT-Free only '2' - UST-/EIF-Free only '3' - Both MFT- and UST-/EIF-Free
24	189 - 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 - 198	9	A/N	**PRODUCT CODE**	Enter 3 character product code.* If not contained within code table, see "Product Codes for Illinois Reporting"
26	199 - 210	12	A	**FILLER**	Space fill.
27	211-211	1	A	**MEDIA CODE**	Enter 'D'.
28	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE
---
065 – GASOLINE
124 - GASOHOL
999 - OTHER (specify)

Illinois Department of Revenue

Schedule E

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF Tax- and Fee-Paid Purchases

Page ____ of ____

Step 1: Complete the following information

Gas & Oil Co. 8
Company name

D-04321 1
Your license number

Reporting period 0 7 / 2 0 0 0 9
Month Year

Check the tax/fee type you are listing on this page.

- ☐ MFT-paid only
- ☒ UST-/EIF-paid only 23
- ☐ Both MFT- and UST-/EIF-paid

Check the product type you are listing on this page.

- 25 ☒ Gasoline products
- ☐ Combustible gases
- ☐ Alcohol

Step 2: Report your tax- and fee-paid purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of seller	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Seller's license number	9 Invoiced gallons
1	07/20/2000	B1234	AZ Trucking	L98765	Test Oil Co.	Chicago	Peoria	D-02045	4,000
	17	18	30	20	15	28	29	16	22
2	__/__/____								

Motor Fuel Uniform Schedules

Schedule "E" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 – 2 Type	Enter filer license type. '01' - for distributor '08' - for receiver (If '08', must be same as field 16)
			N	3 – 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
				8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'E'.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 - 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 – 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 - 73	1	N	**SELLER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	**SELLER NAME**	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules
Schedule "E" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		**SELLER LICENSE NUMBER**	
			N	94 - 95 Type	Enter seller license type: '01' - for distributor '08' - for receiver (If '08', must be same as field 01)
			N	96 - 100 Sequence #	Seller license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113	Filler Space fill.
17	114 – 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 - 187	10	N	**INVOICED GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 - 188	1	N	**TAX TYPE**	Enter tax type. '1' - MFT-Paid only '2' - UST-/EIF-Paid only '3' - Both MFT- and UST-/EIF-Paid
24	189 - 189	1	A	**FILLER**	Space fill.
25	190 - 198	9	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
26	199 - 210	12	A	**FILLER**	Space fill.
27	211 - 211	1	A	**MEDIA CODE**	Enter 'D'.
28	212 - 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 - 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE
---
065 – GASOLINE
123 – ALCOHOL
124 - GASOHOL
224 - COMPRESSED NATURAL GAS
054 - LIQUIFIED PETROLEUM GAS/PROPANE
E00 - ETHANOL (100%)
999 - OTHER (specify)

Illinois Department of Revenue

Schedule M — Gasoline

Attach to Form RMFT-5

MFT, UST, and EIF Products Used for Blending

Page ____ of ____

Step 1: Complete the following information

Gas & Oil Co. 8
Company name

D-04321 1
Your license number

Reporting period 0 7/2 0 0 0 9
Month Year

Do not report special fuel (such as diesel) on this schedule. Use Schedule M-Special Fuels.

Step 2: Report your blending activity (If column 2c, 3c, or 4b is used, write the exact name of the product on the line provided.)

	1	2 Primary product gallons (Report one product type per page.)			3 Blending agent gallons			4 Total end product gallons	
	Blended date (month, day, year)	a Gasoline	b Ethanol	c Other (Identify) _____	a Gasoline	b Ethanol	c Other (Identify) _____	a Gasohol	b Other (Identify) _____
1	07/21/2000	6,343				660		7,003	
2	19 __/__/____	28			31	32	33	23	

Motor Fuel Uniform Schedules

Schedule "M" - Gasoline (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'MG'.
3	21 - 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 - 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 - 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 - 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 - 27	1	N	**FILLER**	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	**FILLER**	Space fill.
11	57 - 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 - 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 - 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73-73	1	N	**FILLER**	Not used by IDOR. Zero fill.
15	74-93	20	A/N	**PURCHASER NAME**	Space fill.

Motor Fuel Uniform Schedules

Schedule "M"-Gasoline (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 – 95 Type	Zero fill.
			N	96 – 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 – 113 Filler	Space fill.
17	114 – 119	6	N	**INVOICE DATE**	Zero fill.
18	120 – 131	12	A	**INVOICE NUMBER**	Space fill.
19	132 – 137	6		**BLENDING DATE**	Enter a valid date.
			N	132 – 133 Year	Enter last 2 digits only.
			N	134 – 135 Month	01 – 12.
			N	136 – 137 Day	01 – 31.
20	138 - 146	9	A/N	**END PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
21	147 - 147	1	A	**FILLER**	Space fill.
22	148 - 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
23	178 - 187	10	N	**END PRODUCT GALLONS**	Total end product gallons. See instructions on Page 25.
24	188 - 188	1	N	**FILLER**	Zero fill.
25	189 - 189	1	A	**FILLER**	Space fill.
26	190 - 198	9	A/N	**PRIMARY PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
27	199 - 199	1	A	**FILLER**	Space fill.
28	200 - 209	10	N	**PRIMARY PRODUCT GALLONS**	Primary product gallons. See instructions on Page 25.
29	210 - 210	1	A	**FILLER**	Space fill.
30	211 - 211	1	A	**MEDIA CODE**	Enter 'D'.
31	212 - 221	10	N	**BLENDING AGENT GALLONS** Column a	Blending gasoline gallons Column a. See instructions on Page 25.
32	222 - 231	10	N	**BLENDING AGENT GALLONS** Column b	Blending ethanol gallons Column b. See instructions on Page 25.
33	232 - 240	9	A/N	**BLENDING AGENT PRODUCT** Column c	Enter 3 character product code. *, If different from gasoline or ethanol, see "Product Codes for Illinois Reporting"
34	241 - 250	10	N	**BLENDING AGENT OTHER** Gallons Column c	Blending other gallons Column c. See instructions on Page 25.
35	251 - 256	6	A	**FILLER**	Space fill.

* PRODUCT CODE
---
065 - GASOLINE
E00 - ETHANOL
123 - ALCOHOL
124 - GASOHOL
E01-E99 – PERCENTAGE OF ETHANOL
999 - OTHER (specify)

Illinois Department of Revenue

Schedule M — Special Fuels

Attach to Form RMFT-5

MFT, UST, and EIF Products Used for Blending

Page ____ of ____

Step 1: Complete the following information

Test Oil Co. 8
Company name

D-02346 1
Your license number

Reporting period 07/2000 9
Month Year

Do not report gasoline blending on this schedule. Use Schedule M—Gasoline.

Step 2: Report your blending activity (If Column 3c or 4b is used, write the exact name of the product on the line provided.)

	1	2 Primary product gallons (Report one product type per page)			3 Blending agent gallons			4 Total end product gallons	
	Blended date (month, day, year)	a Undyed Diesel	b Dyed Diesel	c Other (Identify)	a B100/Soy Oil	b 1-K Kerosene	c Other (Identify)	a Bio/Petro Diesel Blend	b Other (Identify)
1	07/02/2000	6,676			840			7,516	
2	19 / /	28			31	32	33	23	

Motor Fuel Uniform Schedules

Schedule "M" – Special Fuels (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'MS '.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 – 27	1	N	**FILLER**	Not used by IDOR. Zero fill.
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**FILLER**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**PURCHASER NAME**	Space fill.

Motor Fuel Uniform Schedules

Schedule "M"- Special Fuels (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 – 95 Type	Zero fill.
			N	96 – 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 – 113 Filler	Space fill.
17	114 – 119	6	N	**INVOICE DATE**	Zero fill.
18	120 – 131	12	A	**INVOICE NUMBER**	Space fill.
19	132 – 137	6		**BLENDING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 – 146	9	A/N	**END PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
21	147 – 147	1	A	**FILLER**	Space fill.
22	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
23	178 – 187	10	N	**END PRODUCT GALLONS**	Total end product gallons. See instructions on Page 25.
24	188 – 188	1	N	**FILLER**	Zero fill.
25	189 – 189	1	A	**FILLER**	Space fill.
26	190 – 198	9	A/N	**PRIMARY PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
27	199 – 199	1	A	**FILLER**	Space fill.
28	200 – 209	10	N	**PRIMARY PRODUCT GALLONS**	Primary product gallons. See instructions on Page 25.
29	210 – 210	1	A	**FILLER**	Space fill.
30	211 – 211	1	A	**MEDIA CODE**	Enter 'D'.
31	212 – 221	10	N	**BLENDING AGENT GALLONS** Column a	Blending soy gallons Column a. See instructions on Page 25.
32	222 – 231	10	N	**BLENDING AGENT GALLONS** Column b	Blending 1-K – undyed gallons Column b. See instructions on Page 25.
33	232 – 240	9	A/N	**BLENDING AGENT PRODUCT** Column c	Enter 3 character product code * If different from soy or 1K –undyed, see "Product Codes for Illinois Reporting"
34	241 – 250	10	N	**BLENDING AGENT OTHER** Gallons Column c	Blending other gallons Column c. See instructions on Page 25.
35	251 – 256	6	A	**FILLER**	Space fill.

* PRODUCT CODE

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160 - UNDYED DIESEL
228 - DYED DIESEL
B00 - BIODIESEL – UNDYED/BI00 (INCLUDES B99.1-B99.9)
B01-B99 - PERCENTAGE OF BIODIESEL – UNDYED
D00 - BIODIESEL - DYED/BI00 (INCLUDES B99.1-B99.9)
D01-D99 - PERCENTAGE OF BIODIESEL – DYED
285 - SOY OIL
145 - 1-K KEROSENE – UNDYED
073 - 1-K KEROSENE – DYED

Illinois Department of Revenue

Schedule GA-1

Attach to Form RMFT-5

Motor Fuel Tax
Alcohol, Compressed Gases, or 1-K Kerosene Sold in Illinois as Motor Fuel

Page ____ of ____

Step 1: Complete the following information

Test Oil Co. 8
Company name

D-02345 1
Your license number

Reporting period 0 7 / 2 0 0 0 9
Month Year

Check the product type you are listing on this page.

- ☐ LP gas
- 25 ☒ Alcohol
- ☐ 1-k kerosene
- ☐ Other (specify: _____)

Step 2: Report your tax-paid sales

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Purchaser's license number	9 Invoiced gallons
1	07/20/2000	B7890	Transport Co.	L98765	Gas & Oil Co	Springfield	Springfield	D-04321	7,450
	17	18	30	20	15	28	29	16	22
2	__/__/____								

Motor Fuel Uniform Schedules
Schedule "GA-1" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'GA1'.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 – 26	1	A	**FILLER**	Not used. Space fill.
7	27 – 27	1	N	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill

Motor Fuel Uniform Schedules

Schedule "GA-1" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**PURCHASER LICENSE NUMBER**	
			A/N	94 - 95 Type	Enter purchaser license type: '01' - for distributor '02' - for supplier 'RO' - for retail outlet
			N	96 - 100 Sequence #	Purchaser license number. (Leading zeroes, if 4 digit license number.) If 'RO', enter zeroes.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 – 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 – 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 – 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 – 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 – 187	10	N	**INVOICED GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 – 188	1	N	**FILLER**	Zero fill.
24	189 – 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 – 198	9	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
26	199 – 210	12	A	**FILLER**	Space fill.
27	211 – 211	1	A	**MEDIA CODE**	Enter 'D'.
28	212 – 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 – 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 – 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

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224 - COMPRESSED NATURAL GAS
123 - ALCOHOL
E00 - ETHANOL
054 - LIQUIFIED PETROLEUM GAS/PROPANE
145 - 1-K KEROSENE
225 - LIQUIFIED NATURAL GAS
285 - SOY OIL
999 - OTHER (specify)

Illinois Department of Revenue

Schedule DA

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF
Dyed Diesel Fuel Produced, Acquired, Received, or Transported into Illinois

Page ____ of ____

Step 1: Complete the following information

Gas & Oil Co. 8
Company name

D-04321 1
Your license number

Reporting period 0 7 / 2 0 0 0 9
Month Year

Check the tax/fee type you are listing on this page.

- ☐ MFT-free only
- ☐ UST-/EIF-free only
- ☒ Both MFT- and UST-/EIF-free 23

Check the receipt type you are listing on this page.

- ☐ Dyed diesel fuel received in Illinois
- 25 ☒ Dyed diesel fuel imported into Illinois
- ☐ Dyed diesel fuel produced in Illinois

Step 2: Report your tax- and fee-free purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of seller	6 Origin (city and state)	7 Destination (Illinois cities only)	8 Seller's license number	9 Invoiced gallons
1	07/18/2000	3579	Transport Co.	K2468	Gas & Oil Co.	Madison, WI	Rockford	D-04321	20,000
2	17	18	30	20	15	28	29	16	22

Motor Fuel Uniform Schedules

Schedule "DA" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 – 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver (if '08', must be same as field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'DA '.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**SELLER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**SELLER NAME**	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules
Schedule "DA" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**SELLER LICENSE NUMBER**	
			N	94 - 95 Type	Enter seller license type: '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as field 01)
			N	96 - 100 Sequence #	Seller license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 – 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 – 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 – 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 – 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 – 187	10	N	**INVOICED GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 – 188	1	N	**TAX TYPE**	Enter tax type. '1' - MFT-Free only '2' - UST-/EIF-Free only '3' - Both MFT- and UST-/EIF-Free
24	189 – 198	10	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
25	199 – 199	1	A/N	**RECEIPT TYPE**	Enter schedule gallon type. '1' - Illinois receipts '2' - Imported '3' - Produced
26	200 – 210	11	A	**FILLER**	Space fill.
27	211 – 211	1	A	**MEDIA CODE**	Enter 'D'.
28	212 – 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 – 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 – 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete Name

* PRODUCT CODE

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072 - KEROSENE – DYED
228 - DIESEL FUEL – DYED
999 - OTHER (specify)

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Illinois Department of Revenue

Schedule DB

Motor Fuel Tax

Page_____ of _____

Dyed Diesel Fuel sold for Nonhighway Use to the Federal Government, Authorized Foreign Diplomats, Municipal Corporations Owning and Operating Local Transportation Systems, and to Certain Privately Owned Public Utilities

Attach to Form RMFT-5

Step 1: Complete the following information

Gas & Oil Co. 8
Company name

D-04321 1
Your license number

Reporting period 0 7 / 2 0 0 0 9
Month Year

Step 2: Report your nontaxable sales to the federal government, authorized foreign diplomats, etc.

	1 Invoice date (month, day, year)	2 Invoice or serial number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Invoiced gallons
1	07/17/2000	12356	Carrier Co.	B9750	ABX Mass Transit	Morris	Monmouth	15,000
2	/ 17 /	18	29	20	15	27	28	22

Motor Fuel Uniform Schedules

Schedule "DB" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'DB '.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules
Schedule "DB" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 – 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 – 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 – 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 – 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 – 187	10	N	**INVOICED GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 – 188	1	N	**FILLER**	Zero fill.
24	189 – 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 – 199	10	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
26	200 – 210	11	A	**FILLER**	Space fill.
27	211 – 211	1	A	**MEDIA CODE**	Enter 'D'.
28	212 – 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 – 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 – 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

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072 - KEROSENE – DYED
228 - DIESEL FUEL – DYED
999 - OTHER (specify)

Illinois Department of Revenue

Schedule DC

Attach to Forms RMFT-5 and Form RMFT-5-US

MFT, UST, and EIF
Sales and Transfers of Dyed Diesel Fuel Delivered to Points Outside of Illinois

Step 1: Complete the following information

Gas & Oil Co. 8
Company name

D-04321 1
Your license number

MO 27
Name of state into which shipments were made

Reporting period 0 7 / 2 0 0 0 9
Month Year

Step 2: Report your exported gallons

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (city and state)	8 Invoiced gallons
1	07/07/2000	695378	XYZ Transport	A4569	Test Oil Co.	Quincy	Des Moines, IA	7,500
	17	18	31	20	15	29	30	22
2	__/__/____							

Motor Fuel Uniform Schedules
Schedule "DC" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver
			N	3 – 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'DC '.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.

Motor Fuel Uniform Schedules
Schedule "DC" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
15	74 – 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.
16	94 – 113	20		**PURCHASER FEIN**	
			N	94 – 102 FEIN	Enter FEIN number.
			N	103 Code	Zero fill.
			A	104 - 113 Filler	Space fill.
17	114 – 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 – 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 – 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 – 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 – 187	10	N	**INVOICED GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 – 188	1	N	**FILLER**	Zero fill.
24	189 – 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 – 198	9	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
26	199 – 208	10	A	**FILLER**	Space fill.
27	209-210	2	A	**EXPORT STATE**	Enter valid postal abbreviation for the export state.
28	211 – 211	1	A	**MEDIA CODE**	Enter 'D'.
29	212 – 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
30	227 – 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
31	242 – 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

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072 - KEROSENE – DYED
228 - DIESEL FUEL – DYED
999 - OTHER (specify)

Illinois Department of Revenue

Schedule DD

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF

Dyed Diesel Fuel Sold and Distributed

Tax- and Fee-Free in Illinois to Licensed Distributors or Suppliers

Page ____ of ____

Step 1: Complete the following information

Test Oil Co. 8
Company name

R-12345 1
Your license number

Reporting period 0 7 / 2 0 0 0 9
Month Year

Check the tax/fee type you are listing on this page.

- ☐ MFT-free only
- 23 ☒ UST-/EIF-free only
- ☐ Both MFT- and UST-/EIF-free

Step 2: Report your tax- and fee-free sales and distributions

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Purchaser's license number	9 Invoiced gallons
1	07/18/2000	3579	AB Carrier	K2468	Gas & Oil Co.	Peoria	Morton	R-14321	20,000
	17	18	28	20	15	26	27	16	22
2	__/__/____								

Motor Fuel Uniform Schedules

Schedule "DD" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 16)
			N	3 – 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'DD '.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules
Schedule "DD" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Enter purchaser license type: '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 01)
			N	96 - 100 Sequence #	Purchaser license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 – 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 – 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 – 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 – 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 – 187	10	N	**INVOICED GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 – 188	1	N	**TAX TYPE**	Enter tax type. '1' - MFT-Free only '2' - UST-/EIF-Free only '3' - Both MFT- and UST-/EIF-Free
24	189 – 198	10	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
25	199 – 210	12	A	**FILLER**	Space fill.
26	211 – 211	1	A	**MEDIA CODE**	Enter 'D'.
27	212 – 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
28	227 – 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
29	242 – 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

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072 - KEROSENE – DYED
228 - DIESEL FUEL – DYED
999 - OTHER (specify)

Illinois Department of Revenue

Schedule DD-1

Page_____ of _____

Motor Fuel Tax

Tax-Free Sales of Dyed Diesel Fuel Products to Other than a Distributor or Supplier in Illinois

Attach to Form RMFT-5

Step 1: Complete the following information

Gas & Oil Co. 8
Company name

D-04321 1
Your license number

Reporting period 0 7 / 2 0 0 0 9
Month Year

Step 2: Report your tax-free sales

Use these fuel use codes for Column 3:

A - Agriculture **C** - Construction **F** - Refrigeration **H** - Home heating **I** - Industrial **L** - Lawn **M** - Marine **R** - Railroad **O** - Other (identify) 25

	1 Name of purchaser	2 Address of purchaser (street address, city, state, ZIP)	3 Fuel use code	4 Total monthly gallons
1	Good Food, Inc.	1215 W Adams St. Springfield, IL 62701	C	2,000
2	15	28 29 30	24	22

Motor Fuel Uniform Schedules

Schedule "DD-1" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'DD1'.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 – 51 Month	01 - 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Zero fill.
14	73 – 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules
Schedule "DD-1" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 – 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 – 119	6	N	**INVOICE DATE**	Zero fill.
18	120 – 131	12	A/N	**INVOICE NUMBER**	Space fill.
19	132 – 137	6	N	**BILL OF LADING DATE**	Zero fill.
20	138 – 147	10	A/N	**BILL OF LADING**	Space fill.
21	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 – 187	10	N	**INVOICED GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 – 188	1	N	**FILLER**	Zero fill.
24	189 – 189	1	A	**FUEL USAGE CODE**	Enter 1 character usage code: **'A'** - Agriculture **'C'** - Construction **'F'** - Refrigeration **'G'** – Generator **'H'** - Home heating **'I'** - Industrial **'L'** - Lawn **'M'** – Marine **'R'** - Railroad **'O'** - Other
25	190 – 198	9		**FUEL USAGE DESCRIPTION**	If fuel usage code is 'O', specify other fuel usage description.
26	199 – 210	12	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
27	211 – 211	1	A	**MEDIA CODE**	Enter 'D'.
28	212 – 226	15	A	**PURCHASER STREET ADDRESS**	Enter street address of purchaser.
29	227 – 241	15	A	**PURCHASER CITY & STATE**	Enter city & state of purchaser.
				227 - 239 City	Enter city of purchaser.
				240 - 241 State	Enter state of purchaser.
30	242 – 256	15		**PURCHASER ZIP CODE**	Enter zip code of purchaser.
			N	242 - 246 Zip code	Enter 5 digit zip code.
			N	247 - 250 Zip + 4 code	Enter 4 digit code if known, else zero fill.
			A	251 - 256 Filler	Space fill.

* PRODUCT CODE

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072 - KEROSENE – DYED
228 - DIESEL FUEL – DYED
999 - OTHER (specify)

Illinois Department of Revenue

Schedule LA

Attach to Form RMFT-5-US

UST and EIF

Fuels Other Than Gasoline Products and Special Fuels Produced, Acquired, Received, or Transported into Illinois

Page ____ of ____

Step 1: Complete the following information

Gas & Oil Co. 8
Company name

R-14321 1
Your license number

Reporting period 0 7 / 2 0 0 0 9
Month Year

Check the receipt type you are listing on this page.

26 ☒ Other fuel products received in Illinois

☐ Other fuel products imported into Illinois

☐ Other fuel products produced in your Illinois refinery

Step 2: Report your tax- and fee-free purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Product code (see instr.)	6 Name of seller	7 Origin (city and state)	8 Destination (Illinois cities only)	9 Seller's license number	10 Invoiced gallons
1	07/17/2000	A1443	Shipping Co.	C19677	1K	Test Oil Co.	East St Louis	Chicago	R-12345	9,000
2	17 __/__/____	18	31	20	25	15	29	30	16	22

Motor Fuel Uniform Schedules

Schedule "LA" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '08' - for receiver
			N	3 - 7 Sequence #	Filer license number.
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'LA '.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data; 'C' – Correction data; 'R' – Reversal data; 'N' – Negative data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**SELLER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**SELLER NAME**	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules
Schedule "LA" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**SELLER LICENSE NUMBER**	
			N	94 - 95 Type	Enter seller license type. '08' - for receiver
			N	96 – 100 Sequence #	Seller license number.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 – 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 – 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 – 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 – 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 – 187	10	N	**NET GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 – 188	1	N	**FILLER**	Zero fill.
24	189 – 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 – 198	9	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
26	199 – 199	1	A/N	**RECEIPT TYPE**	Enter schedule gallon type. '1' - Illinois receipts '2' - Imported '3' - Produced
27	200 – 210	11	A	**FILLER**	Space fill.
28	211 – 211	1	A	**MEDIA CODE**	Enter 'D'.
29	212 – 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
30	227 – 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
31	242 – 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

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073 – LOW SULFUR KEROSENE – DYED/1-K - DYED
125 – AVIATION GASOLINE
130 – JET FUEL
145 – LOW SULFUR KEROSENE – UNDYED/1-K – UNDYED
999 – OTHER (specify)

Motor Fuel Uniform Schedules
Schedule “LB” (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. ‘08’ - for receiver
			N	3 - 7 Sequence #	Filer license number.
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter ‘LB ‘.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an ‘E’.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. ‘O’ – Original data ‘C’ – Correction data ‘R’ – Reversal data ‘N’ – Negative data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as ‘00’.
			N	50 - 51 Month	01 - 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "LB" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 – 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 – 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 – 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 – 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 – 187	10	N	**NET GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 – 188	1	N	**PRODUCT TYPE**	Enter product type. '1' – Diesel fuel sold to railroads '2' – Diesel fuel sold to qualified ships, barges & vessels '3' – Kerosene sold to qualified air carriers '4' – Aviation fuel sold to qualified air carriers '5' – 1-K sold to qualified air carriers '6' – Aviation fuel sold to non-exempt air carriers '7' – Aviation fuel sold for purposes other than use in air craft
24	189 – 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 – 198	9	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
26	199 – 210	12	A	**FILLER**	Space fill.
27	211 – 211	1	A	**MEDIA CODE**	Enter 'D'.
28	212 – 226	15	A	**AIRPORT NAME**	Enter airport name if sold to air carrier. Space fill after carrier, or barge, space fill.
				ORIGIN NAME 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 – 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 – 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

Motor Fuel Uniform Schedules
Schedule “LB” (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks

* PRODUCT CODE
---
160 - DIESEL FUEL - UNDYED
228 - DIESEL FUEL - DYED
145 - LOW SULFUR KEROSENE – UNDYED/1-K KEROSENE - UNDYED
073 – LOW SULFUR KEROSENE – DYED/1-K KEROSENE - DYED
142 – KEROSENE – UNDYED
072 - KEROSENE – DYED
125 – AVIATION GASOLINE
130 – JET FUEL

Motor Fuel Uniform Schedules

Schedule "LC" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '08' - for receiver
			N	3 - 7 Sequence #	Filer license number.
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'LC '.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Illinois Department of Revenue

Schedule LC

Attach to Form RMFT-5-US

UST and EIF

Sales and Transfers of Fuels Other Than Gasoline Products and Special Fuels Delivered to Points Outside of Illinois

Page ____ of ____

Step 1: Complete the following information

Test Oil Co. 8
Company name

R-12345 1
Your license number

MO 27
Name of state into which shipments were made

Reporting period 0 7 / 2 0 0 0 9
Month Year

Check the product type you are listing on this page.

☐ Aviation fuel

25 ☒ 1-k kerosene

☐ Other (specify: _____)

Step 2: Report your exported gallons

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (city and state)	8 Invoiced gallons
1	07/12/2000	8924B	BDF Trucking	BL4123	Gas & Oil Co.	Galesburg	St Louis, MO	4,550
	17	18	31	20	15	29	30	22
2	__/__/____							

Motor Fuel Uniform Schedules

Schedule "LC" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**PURCHASER FEIN**	
			N	94 – 102 FEIN	Enter FEIN number.
			N	103 Code	Zero fill.
			A	104 - 113 Filler	Space fill.
17	114 – 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 – 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 – 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 – 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 – 187	10	N	**NET GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 – 188	1	N	**FILLER**	Zero fill.
24	189 – 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 – 198	9	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
26	199 – 208	10	A	**FILLER**	Space fill.
27	209 – 210	2	A	**EXPORT STATE**	Enter valid postal abbreviation for the export state.
28	211 - 211 1	A		**MEDIA CODE**	Enter 'D'.
29	212 – 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
30	227 – 241	15	A	**DESTINATION NAME**	Enter destination name. Space fill after

Motor Fuel Uniform Schedules
Schedule “LC” (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
				227 - 239 City 240 - 241 State	complete name.
31	242 – 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE
---
073 – LOW SULFUR KEROSENE – DYED/1-K - DYED
125 – AVIATION GASOLINE
130 – JET FUEL
145 – LOW SULFUR KEROSENE – UNDYED/1-K - UNDYED
999 – OTHER (specify)

Illinois Department of Revenue

Schedule LD

Attach to Form RMFT-5-US

UST and EIF
Fuels Other Than Gasoline Products and Special Fuels Sold Tax- and Fee-Free to Other Licensed Receivers in Illinois

Page ____ of ____

Step 1: Complete the following information

Test Oil Co. 8
Company name

R-12345 1
Your license number

Reporting period 0 7 / 2 0 0 0 9
Month Year

Check the product type you are listing on this page.

- ☐ Aviation fuel
- 25 ☒ 1-k kerosene
- ☐ Other (specify: _____)

Step 2: Report your tax- and fee-free sales

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Purchaser's license number	9 Invoiced gallons
1	07/17/2000	A1244	Trucking Co.	C19578	Gas & Oil Co.	Rock Island	Macomb	R-14321	11,000
	17	18	30	20	15	28	29	16	22
2	__/__/____								

Motor Fuel Uniform Schedules

Schedule "LD" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '08' - for receiver
			N	3 - 7 Sequence #	Filer license number.
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'LD '.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "LD" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Enter purchaser license type. '08' - for receiver
			N	96 - 100 Sequence #	Purchaser license number.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 – 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 – 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 – 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 – 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 – 187	10	N	**NET GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 – 188	1	N	**FILLER**	Zero fill.
24	189 – 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 – 198	9	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
26	199 – 210	12	A	**FILLER**	Space fill.
27	211 – 211	1	A	**MEDIA CODE**	Enter 'D'.
28	212 – 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 – 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 – 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

---

073 – LOW SULFUR KEROSENE – DYED/1-K - DYED

~~125 – AVIATION GASOLINE~~

~~130 – JET FUEL~~

145 – LOW SULFUR KEROSENE – UNDYED/1-K - UNDYED

999 – OTHER (specify)

Illinois Department of Revenue

Schedule LE

Attach to Form RMFT-5-US

UST and EIF
Tax- and Fee-Paid Purchases of the Fuel Types Subject Only to UST/EIF

Page ____ of ____

Step 1: Complete the following information

Test Oil Co. 8
Company name

R-12345 1
Your license number

Reporting period 0 7 / 2 0 0 0 9
Month Year

Check the product type you are listing on this page.

25 ☒ Aviation fuel
☐ 1-K kerosene
☐ Dyed diesel fuel
☐ Other (specify:_____)

Step 2: Report your tax- and fee-paid purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of seller	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Seller's license number	9 Invoiced gallons
1	07/03/2000	A4413	ABC Trucking	BL145	Aviation Fuel Co.	Carbondale	Springfield	R-00000	100,000
	17	18	30	20	15	28	29	16	22
2	__/__/____								

Motor Fuel Uniform Schedules
Schedule "LE" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '08' - for receiver
			N	3 - 7 Sequence #	Filer license number.
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'LE '.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data; 'C' – Correction data; 'R' – Reversal data; 'N' – Negative data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**SELLER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**SELLER NAME**	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules
Schedule "LE" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**SELLER LICENSE NUMBER**	
			N	94 - 95 Type	Enter seller license type: '08' - for receiver
			N	96 - 100 Sequence #	Seller license number.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 – 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 – 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 – 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 – 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 – 187	10	N	**NET GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 – 188	1	N	**FILLER**	Zero fill.
24	189 – 189	1	A	**FILLER**	Space fill.
25	190 – 198	9	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
26	199 – 210	12	A	**FILLER**	Space fill.
27	211 – 211	1	A	**MEDIA CODE**	Enter 'D'.
28	212 – 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 – 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 – 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE
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145 – LOW SULFUR KEROSENE – UNDYED/1-K - UNDYED
073 – LOW SULFUR KEROSENE – DYED/1-K - DYED
~~125 – AVIATION GASOLINE~~
~~130 – JET FUEL~~
228 – DIESEL FUEL – DYED
072 – KEROSENE – DYED
999 – OTHER (specify)

Illinois Department of Revenue

Schedule SA

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF
Special Fuel (Excluding Dyed Diesel Fuel)
Produced, Acquired, Received, or Transported into Illinois

Page ____ of ____

Step 1: Complete the following information

Gas & Oil Co. 8
Company name

D-04321 1
Your license number

Reporting period 0 7 / 2 0 0 0 9
Month Year

Check the tax/fee type you are listing on this page.

- ☐ MFT-free only
- ☐ UST-/EIF-free only
- ☒ Both MFT- and UST-/EIF-free 23

Check the receipt type that you are listing on this page.

- ☐ Received in Illinois
- ☒ Imported into Illinois 25
- ☐ Produced in your Illinois refinery

Step 2: Report your tax- and fee-free purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of seller	6 Origin (city and state)	7 Destination (Illinois cities only)	8 Seller's license number	9 Invoiced gallons
1	07/08/2000	3579	Transport Co.	K2468	Gas & Oil Co.	Madison, WI	Rockford	D-04321	20,000
	17	18	30	20	15	28	29	16	22
2	__/__/____								

Motor Fuel Uniform Schedules
Schedule "SA" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 – 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver (if '08', must be same as Field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'SA '.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**SELLER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**SELLER NAME**	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules
Schedule "SA" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**SELLER LICENSE NUMBER**	
			N	94 - 95 Type	Enter seller license type: '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 01)
			N	96 – 100 Sequence #	Seller license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 – 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 – 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 – 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 – 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 – 187	10	N	**NET GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 – 188	1	N	**TAX TYPE**	Enter tax type '1' - MFT-Free only '2' - UST-/EIF-Free only '3' - Both MFT- and UST-/EIF-Free
24	189 – 198	10	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
25	199 – 199	1	A/N	**RECEIPT TYPE**	Enter schedule gallon type. '1' - Illinois receipts '2' - Imported '3' - Produced
26	200 – 210	11	A	**FILLER**	Space fill.
27	211 – 211	1	A	**MEDIA CODE**	Enter 'D'.
28	212 – 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 – 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 – 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

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142 – KEROSENE – UNDYED
160 – DIESEL FUEL – UNDYED
999 – OTHER (specify)

Illinois Department of Revenue

Schedule SB

Attach to Form RMFT-5

Motor Fuel Tax

Special Fuel (Excluding Dyed Diesel Fuel) Sold to the Federal Government, Authorized Foreign Diplomats, Municipal Corporations Owning and Operating Local Transportation Systems, to Certain Privately Owned Public Utilities and Non-Recreational Type Watercraft

Page ____ of ____

Step 1: Complete the following information

Gas & Oil Co. 8
Company name

D-04321 1
Your license number

Reporting period 0 7 / 2 0 0 0 9
Month Year

Step 2: Report your nontaxable sales to the federal government, authorized foreign diplomats, etc.

	1 Invoice date (month, day, year)	2 Invoice or serial number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Invoiced gallons
1	07/07/2000	12356	Carrier Co.	B9750	ABX Mass Transit	Morris	Monmouth	15,000
	17	18	29	20	15	27	28	22
2	__/__/____							

Motor Fuel Uniform Schedules

Schedule "SB" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier
			N	3 – 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'SB '.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "SB" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 – 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 – 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 – 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 – 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 – 187	10	N	**NET GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 – 188	1	N	**FILLER**	Zero fill.
24	189 – 198	10	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
25	199 – 210	12	A	**FILLER**	Space fill.
26	211 – 211	1	A	**MEDIA CODE**	Enter 'D'.
27	212 – 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
28	227 – 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
29	242 – 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE
---
142 – KEROSENE – UNDYED
160 – DIESEL FUEL – UNDYED
999 - OTHER (specify)

Illinois Department of Revenue

Schedule SC

Attach to Forms RMFT-5 and Form RMFT-5-US

MFT, UST, and EIF

Sales and Transfers of Special Fuel (Excluding Dyed Diesel Fuel) Delivered to Points Outside of Illinois

Page ____ of ____

Step 1: Complete the following information

Gas & Oil Co. 8
Company name

D-04321 1
Your license number

MO 27
Name of state into which shipments were made

Reporting period 0 7 / 2 0 0 0 9
Month Year

Step 2: Report your exported gallons

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (city and state)	8 Invoiced gallons
1	07/20/2000	169888	ABC Trucking	B165545	Test Oil Co.	Springfield	St. Louis, MO	8,000
	17	18	31	20	15	29	30	22
2	__/__/____							

Motor Fuel Uniform Schedules

Schedule "SC" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'SC '.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56 5		A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules
Schedule "SC" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**PURCHASER FEIN**	
			N	94 – 102 FEIN	Enter FEIN number.
			N	103 Code	Zero fill.
			A	104 - 113 Filler	Space fill.
17	114 – 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 – 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 – 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 – 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 – 187	10	N	**NET GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 – 188	1	N	**FILLER**	Zero fill.
24	189 – 198	10	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
25	199 – 208	10	A	**FILLER**	Space fill.
26	209 – 210	2	A	**EXPORT STATE**	Enter valid postal abbreviation for the export state.
27	211 – 211	1	A	**MEDIA CODE**	Enter 'D'.
28	212 – 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 – 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 – 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE
---
142 – KEROSENE – UNDYED
160 – DIESEL FUEL – UNDYED
999 – OTHER (specify)

Illinois Department of Revenue

Schedule SD

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF

Special Fuel (Excluding Dyed Diesel Fuel) Sold and Distributed Tax- and Fee-Free in Illinois to Licensed Distributors or Suppliers

Page ____ of ____

Step 1: Complete the following information

Test Oil Co. 8
Company name

D-02345 1
Your license number

Reporting period 0 7 / 2 0 0 0 9
Month Year

Check the tax/fee type you are listing on this page.

- ☐ MFT-free only
- ☐ UST-/EIF-free only
- 23 ☒ Both MFT- and UST-/EIF-free

Step 2: Report your tax- and fee-free sales and distributions

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Purchaser's license number	9 Invoiced gallons
1	07/18/2000	3579	AB Carrier	K2488	Gas & Oil Co.	Peoria	Morton	D-04321	7,500
	17	18	28	20	15	26	27	16	22
2	__/__/____								

Motor Fuel Uniform Schedules

Schedule "SD" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 – 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 16)
			N	3 – 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'SD '.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 – 26	1	A	**FILING INDICATOR**	Not used. Space fill.
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**PURCHASER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**PURCHASER NAME**	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules
Schedule "SD" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**PURCHASER LICENSE NUMBER**	
			N	94 - 95 Type	Enter purchaser license type: '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 01)
			N	96 - 100 Sequence #	Purchaser license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 – 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 – 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 – 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 – 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 – 187	10	N	**NET GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 – 188	1	N	**TAX TYPE**	Enter tax type. '1' - MFT-Free only '2' - UST-/EIF-Free only '3' - Both MFT- and UST-/EIF-Free
24	189 – 198	10	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
25	199 – 210	12	A	**FILLER**	Space fill.
26	211 – 211	1	A	**MEDIA CODE**	Enter 'D'.
27	212 – 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
28	227 – 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
29	242 – 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE
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142 – KEROSENE – UNDYED
160 – DIESEL FUEL – UNDYED
999 – OTHER (specify)

Illinois Department of Revenue

Schedule SE

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF
Tax- and Fee-Paid Purchases of Special Fuel (Excluding Dyed Diesel Fuel)

Step 1: Complete the following information

Gas & Oil Co. 8
Company name

D-04321 1
Your license number

Reporting period 0 7 / 2 0 0 0 9
Month Year

Check the tax/fee type you are listing on this page.

- ☐ MFT-paid only
- ☐ UST-/EIF-paid only
- ☒ Both MFT- and UST-/EIF-paid 23

Check the product type you are listing on this page.

- ☐ Special fuel (excluding dyed diesel fuel)
- ☒ 1-K kerosene 25
- ☐ Other (specify:_____)

Step 2: Report your tax- and fee-paid purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of seller	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Seller's license number	9 Invoiced gallons
1	07/14/2000	5134	Fuel Carrier Co.	K5122	XYZ Oil Co.	Rock Island	Rockford	S-02311	2,000
	17	18	30	20	15	28	29	16	22
2	__/__/____								

Motor Fuel Uniform Schedules
Schedule "SE" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter 'SE '.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'E'.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data 'C' – Correction data 'R' – Reversal data 'N' – Negative data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 - 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 60	4	A	**CARRIER CODE**	Not used. Space fill.
12	61 – 66	6	N	**ORIGIN CODE**	Not used. Zero fill.
13	67 – 72	6	N	**DESTINATION CODE**	Not used. Zero fill.
14	73 – 73	1	N	**SELLER PETRODEX INDICATOR**	Not used by IDOR. Zero fill.
15	74 – 93	20	A/N	**SELLER NAME**	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "SE" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 – 113	20		**SELLER LICENSE NUMBER**	
			N	94 - 95 Type	Enter seller license type: '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 01)
			N	96 - 100 Sequence #	Seller license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 – 119	6		**INVOICE DATE**	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 – 131	12	A/N	**INVOICE NUMBER**	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 – 137	6		**BILL OF LADING DATE**	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 – 147	10	A/N	**BILL OF LADING**	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 – 177	30	N	**FILLER**	Not used by IDOR. Zero fill.
22	178 – 187	10	N	**NET GALLONS**	Invoiced gallons. See instructions on Page 25.
23	188 – 188	1	N	**TAX TYPE**	Enter tax type. '1' - MFT-Paid only '2' - UST-/EIF-Paid only '3' - Both MFT- and UST-/EIF-Paid
24	189 – 189	1	A	**STORAGE PERMIT INDICATOR**	Space fill.
25	190 – 198	9	A/N	**PRODUCT CODE**	Enter 3 character product code. * If not contained within code table, see "Product Codes for Illinois Reporting"
26	199 – 210	12	A	**FILLER**	Space fill.
27	211 – 211	1	A	**MEDIA CODE**	Enter 'D'.
28	212 – 226	15	A	**ORIGIN NAME** 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 – 241	15	A	**DESTINATION NAME** 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 – 256	15	A	**CARRIER NAME**	Enter carrier name. Space fill after complete name.

* PRODUCT CODE
---
160 – DIESEL FUEL – UNDYED
145 - UNDYED 1-K REPORTING ONLY
228 - DIESEL FUEL - DYED
073 - DYED 1-K REPORTING ONLY
999 - OTHER (specify)

Motor Fuel Uniform Schedules
Total "S" (SCHEDULE TOTAL) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 – 2 Type	Enter filer license type. '01' – for distributor '02' – for supplier '08' – for receiver
			N	3 – 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 – 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Enter schedule type being totaled.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'S' for schedule type Total record.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 – 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 – 51 Month	01 – 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 71	15	N	**FILLER**	Not used by IDOR. Zero fill.
12	72 – 86	15	N	**FILLER**	Not used by IDOR. Zero fill.
13	87 – 101	15	N	**FILLER**	Not used by IDOR. Zero fill.
14	102 – 116	15	N	**SCHEDULE NET GALLONS**	Total invoiced gallons from the specified schedule type. Format 9 (14) V9. See instructions on Page 7.
15	117 – 126	10	A	**FILLER**	Space fill.
16	127 – 136	10	N	**TOTAL ORIGINAL ENTRIES**	Total of all original entry records for this schedule type.
17	137 – 146	10	N	**TOTAL CORRECTION ENTRIES**	Total of all correction entry records for this schedule type.
18	147 – 156	10	N	**TOTAL REVERSAL ENTRIES**	Total of all reversal entry records for this schedule type.
19	157 – 166	10	N	**TOTAL NEGATIVE ENTRIES**	Total of all negative entry records for this schedule type.
20	167 – 256	90	A	**FILLER**	Space fill.

Motor Fuel Uniform Schedules
Total "V" (LICENSE TOTAL) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 – 2 Type	Enter filer license type. '01' – for distributor '02' – for supplier '08' – for receiver
			N	3 – 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 – 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Space fill.
3	21 – 22	2	A	**FILER PERMIT KIND**	Not used by IDOR. Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Not used by IDOR. Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'V' for license total record.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Not used by IDOR. Zero fill
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 – 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 – 51 Month	01 – 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 71	15	N	**FILLER**	Not used by IDOR. Zero fill.
12	72 – 86	15	N	**FILLER**	Not used by IDOR. Zero fill.
13	87 – 101	15	N	**FILLER**	Not used by IDOR. Zero fill.
14	102 – 116	15	N	**LICENSE NET GALLONS**	Total invoiced gallons from the specified schedule type. Format 9 (14) V9. See instructions on Page 7.
15	117 – 126	10	A	**FILLER**	Space fill.
16	127 – 136	10	N	**TOTAL ORIGINAL ENTRIES**	Total of all original entry records for this license.
17	137 – 146	10	N	**TOTAL CORRECTION ENTRIES**	Total of all correction entry records for this license.
18	147 – 156	10	N	**TOTAL REVERSAL ENTRIES**	Total of all reversal entry records for this license.
19	157 – 166	10	N	**TOTAL NEGATIVE ENTRIES**	Total of all negative entry records for this license.
20	167 – 256	90	A	**FILLER**	Space fill.

Motor Fuel Uniform Schedules
Total "Z" (FILE TOTAL) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 – 17	17		**FILER LICENSE**	
			N	1 – 8 Filer License	Zero fill.
			A	9 – 17 Filler	Space fill.
2	18 – 20	3	A	**IDOR SCHEDULE TYPE**	Space fill.
3	21 – 22	2	A	**FILER PERMIT KIND**	Space fill.
4	23 – 24	2	N	**FILER LICENSE YEAR**	Zero fill.
5	25 – 25	1	A	**RECORD TYPE**	Entry type. Enter an 'Z' for file total record.
6	26 – 26	1	A	**FILING INDICATOR**	Transaction type indicator. 'O' – Original data
7	27 – 27	1	N	**FILER PETRODEX INDICATOR**	Zero fill
8	28 – 47	20	A/N	**FILER NAME**	Complete name of the filer. Space fill after complete name.
9	48 – 51	4		**LIABILITY DATE**	Enter valid date.
			N	48 – 49 Year	Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 – 51 Month	01 – 12.
10	52 – 56	5	A	**FILLER**	Space fill.
11	57 – 71	15	N	**FILLER**	Zero fill.
12	72 – 86	15	N	**FILLER**	Not used by IDOR. Zero fill.
13	87 – 101	15	N	**FILLER**	Not used by IDOR. Zero fill.
14	102 – 116	15	N	**LICENSE NET GALLONS**	Total invoiced gallons from the specified schedule type. Format 9 (14) V9. See instructions on Page 7.
15	117 – 126	10	A	**FILLER**	Space fill.
16	127 – 136	10	N	**TOTAL ORIGINAL ENTRIES**	Total of all original entry records for this file.
17	137 – 146	10	N	**TOTAL CORRECTION ENTRIES**	Total of all correction entry records for this file.
18	147 – 156	10	N	**TOTAL REVERSAL ENTRIES**	Total of all reversal entry records for this file.
19	157 – 166	10	N	**TOTAL NEGATIVE ENTRIES**	Total of all negative entry records for this file.
20	167 – 256	90	A	**FILLER**	Space fill.

PRODUCT CODES FOR ILLINOIS REPORTING

Fuel Description	Product Code Number	Which Schedules To Report On
If a product is not listed, please contact the department to determine if a product is reportable in the State of Illinois. **If you have used a product that is not listed on road, please use the code "999" and identify product.**		
Gasoline Products		
Natural Gasoline	061	A, B, C, D, E, F, MG
Gasoline	065	A, B, C, D, E, F, MG
Blending Components (if products are not listed)	122	MG
Alcohol	123	E, GA-1, MG
Gasohol	124	A, B, C, D, E, F, MG
Ethanol (100%)	E00	E, GA-1, MG
Percentage of Ethanol	E01-E99	MG
Special Fuel Products - Undyed		
Waste Oil (cooking oil/fat, etc)	091	SA, SB, SC, SD, SE, MS
Blending Components (if products are not listed)	122	MS
Kerosene – Undyed	142	SA, SB, SC, SD, SE, MS
Diesel Fuel – Undyed	160	SA, SB, SC, SD, SE, MS
Soy Oil	285	MS
Biodiesel – Undyed (100%)	B00	MS
Percentage of Biodiesel – Undyed	B01-B99	MS
Special Fuel Products - Dyed		
Kerosene –Dyed	072	DA, DB, DC, DD, DD-1, LE, SE, MS
Blending Components (if products are not listed)	122	MS
Diesel Fuel – Dyed	228	DA, DB, DC, DD, DD-1, LE, SE, MS
Soy Oil	285	MS
Biodiesel – Dyed (100%)	D00	MS
Percentage of Biodiesel – Dyed	D01-D99	MS
Aviation and Other Fuel Products		
Dyed 1-K reporting only	073	LA, LB, LC, LD, LE, MS
Aviation Gasoline (AvGas)	125	LA, LB, LC, LD, LE
Jet Fuel	130	LA, LB, LC, LD, LE
Undyed 1-K reporting only	145	LA, LB, LC, LD, LE, GA-1, MS
Alternative Fuels Products		
Propane (LP)	054	E, GA-1
Alcohol	123	E, GA-1
Undyed 1-K reporting only	145	SE, GA-1
Compressed Natural Gas (CNG)	224	E, GA-1
Liquid Natural Gas (LNG)	225	E, GA-1
Ethanol (100%)	E00	E, GA-1

ABBREVIATIONS FOR US STATES, CANADIAN PROVIDENCES/TERRITORIES AND MEXICAN STATES

US State	Abbreviation	Canadian Providence/Territory	Abbreviation
Alabama	AL	Alberta	AB
Alaska	AK	British Columbia	BC
Arizona	AZ	Manitoba	MB
Arkansas	AR	New Brunswick	NB
California	CA	Newfoundland	NF
Colorado	CO	Northwest Territory	NT
Connecticut	CT	Nova Scotia	NS
Delaware	DE	Nunavut	NU
Florida	FL	Ontario	ON
Georgia	GA	Prince Edward Island	PE
Hawaii	HI	Quebec	QC
Idaho	ID	Saskatchewan	SK
Illinois	IL	Yukon Territory	YT
Indiana	IN		
Iowa	IA	**Mexican State**	**Abbreviation**
Kansas	KS	Aguascalientes	AG
Kentucky	KY	Baja California	BJ
Louisiana	LA	Baja California Sur	BS
Maine	ME	Campeche	CP
Maryland	MD	Chiapas	CH
Massachusetts	MA	Chihuahua	CI
Michigan	MI	Coahuila	CU
Minnesota	MN	Colima	CL
Mississippi	MS	Distrito Federal	DF
Missouri	MO	Durango	DG
Montana	MT	Guanajuato	GJ
Nebraska	NE	Guerrero	GR
Nevada	NV	Hidalgo	HG
New Hampshire	NH	Jalisco	JA
New Jersey	NJ	Mexico	EM
New Mexico	NM	Michoacán	MH
New York	NY	Morelos	MR
North Carolina	NC	Nayarit	NA
North Dakota	ND	Nuevo Leon	NL
Ohio	OH	Oaxaca	OA
Oklahoma	OK	Puebla	PU
Oregon	OR	Queretaro	QA
Pennsylvania	PA	Quintana Roo	QR
Rhode Island	RI	San Luis Potosi	SL
South Carolina	SC	Sinaloa	SI
South Dakota	SD	Sonora	SO
Tennessee	TN	Tabasco	TA
Texas	TX	Tamaulipas	TM
Utah	UT	Tlaxcala	TL
Vermont	VT	Veracruz	VZ
Virginia	VA	Yucatan	YC
Washington	WA	Zacatecas	ZT
West Virginia	WV		
Wisconsin	WI		
Wyoming	WY		