

VILLAGE OF WOODRIDGE, ILLINOIS

MOTOR FUEL TAX RETURN

DATE OF RETURN: _____

BUSINESS NAME: _____

LOCAL ADDRESS: _____

CITY/VILLAGE: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CORPORATE NAME: _____

THIS RETURN FILED FOR THE PERIOD:

FROM: _____ **TO:** _____

Under penalty as provided by law, I declare that I have examined this return and accompanying schedules and to the best of my knowledge and belief it is true and correct and is taken from the books and records of the business for which this is filed. **All returns must be filed on or before the last day of the calendar month following the month of collection.** I understand all late returns are subject to interest and penalties in accordance with Village Code Section 3-2-10J. Copies of this may be obtained on the Village Website – www.vil.woodridge.il.us.

TAXPAYER NAME AND TITLE: _____

Please Print

PREPARER'S SIGNATURE

PHONE NUMBER: _____ FAX NUMBER: _____

TOTAL GROSS GALLONS SOLD * 1. _____

MOTOR FUEL TAX (Line 1 x \$0.025) 2. _____

*** ATTACH A COPY OF YOUR SUPPORTING STATE OF ILLINOIS SALES TAX RETURN(S), VERIFYING GALLONS SOLD, TO THIS TAX RETURN.**

MAKE CHECKS PAYABLE TO: VILLAGE OF WOODRIDGE

MAIL TO: Village of Woodridge
Director of Finance
Five Plaza Drive
Woodridge IL 60517-5014

TAXPAYER QUESTIONS OR ADDITIONAL FORMS, PLEASE CALL (630) 719-4717
Village Code Section 3-2-10J can be obtained from the Village Website – www.vil.woodridge.il.us