



CITY OF MT. VERNON, ILLINOIS  
Department of Finance  
P.O. Box 1708  
Mt.Vernon, Illinois 62864

MUNICIPAL MOTOR FUEL TAX - DIESEL  
RETURN FORM  
(Page - 2)

SECTION D: CALCULATION OF TAX & PENALTY

1. TOTAL NUMBER OF DIESEL FUEL GALLONS SUBJECT TO TAX (FROM SECTION C)	_____
2. MUNICIPAL MOTOR FUEL TAX - DIESEL RATE (\$.02 PER GALLON)	X .02
3. AMOUNT OF MUNICIPAL MOTOR FUEL TAX - DIESEL (Multitply total number of gallons by .02 and enter)	\$ _____
4. PENALTY OF 2% PER MONTH, IF FILED LATE OR THE TAX IS NOT PAID WHEN DUE	\$ _____
5. TOTAL TAX AND PENALTY TO BE REMITTED	\$ _____

NOTE: Any person who violates any provision of Article 24A shall be punishable by a fine of not less than \$100 or more than \$500. Each day during which the violation continues shall be recorded as a separate punishable offense.

IF THIS IS A FINAL RETURN, OR THERE HAS BEEN A CHANGE IN OWNERSHIP, COMPLETE THE FOLLOWING:

BUSINESS SOLD _____ (Date)	BUSINESS DISCONTINUED _____ (Date)
New Owner's Name: _____	
New Owner's Contact Address: _____	
Former Owner's Contact Address: _____	

NOTE: THIS RETURN MUST BE FILED ON OR BEFORE THE LAST DAY OF THE MONTH SUCCEEDING THE CALENDAR MONTH FOR WHICH THIS RETURN IS BEING FILED.

IF THE RETURN IS FILED LATE, OR THE TAX IS NOT PAID WHEN DUE, A PENALTY IS ASSESSED AT THE RATE OF 2% PER MONTH, FROM THE FIRST DAY OF DELINQUENCY, FOR AS LONG AS THE DELINQUENCY CONTINUES.

MAKE CHECK PAYABLE TO: CITY OF MT. VERNON, ILLINOIS  
MAIL RETURN WITH CHECK TO: CITY OF MT. VERNON, ILLINOIS  
FINANCE DEPARTMENT  
P.O. BOX 1708  
MT. VERNON, ILLINOIS 62864

UNDER PENALTIES AS PROVIDED BY LAW, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS, AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE. I FURTHER DECLARE THAT THE INFORMATION SET FORTH IS TAKEN FROM THE BOOKS AND RECORDS OF THE BUSINESS FOR WHICH THIS RETURN IS FILED.

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Signature of Person, other than Taxpayer, preparing this return

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Firm or Employer

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date Prepared

\_\_\_\_\_  
Telephone Number