

City of Rock Island  
Finance Department  
1528 3rd Avenue  
Rock Island IL 61201-8678

**Motor Fuel Tax Form ( Bulk User Only)**

Effective as of February 1, 2019

( Ordinance No. 075-2018, December 17, 2018)

**Step 1:**

For the period: \_\_\_\_\_ / \_\_\_\_\_. FEIN no. \_\_\_\_\_  
Month Year

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Daytime Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_.

Name of Supplier/Distributor: \_\_\_\_\_

Supplier Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

**Step 2:**

- |   |       |
|---|-------|
| 1. Total number of gallons purchased (from Suppliers/Distributors invoice(s)) | _____ |
| 2. City's imposed tax rate of \$0.05 per gallon (multiply line 1 x .05)       | _____ |
| 3. Late payment penalty of 5% per mo. (multiply line 2 x .05)                 | _____ |
| 4. Total tax amount due ( Add lines 2 and 3 )                                 | _____ |

( Make check payable to : **City of Rock Island - Finance Dept** )

**Step 3:**

**Attached copy(ies) of the original invoice from the Suppliers/Distributors that show the number of gallons purchased from above. (The invoice should have the Suppliers/Distributors names, address, phone number, and invoice number.)**

**Step 4:**

I certify that the information submitted above is a true and complete record to the best of my knowledge and is taken from the books and records of the business for which the return is filed to the Illinois Department of Revenue.

Signature: \_\_\_\_\_.

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Step 5:**

Please send this form, and payment with attached documentation, to address stated on top of this form.

If you have any questions, please call the City of Rock Island Finance Department at (309) 732-2115.