



VILLAGE OF BEDFORD PARK

Local Motor Fuel Tax Remittance Form

Effective 6/1/2021 Amended Rate per Ordinance #21-1658 Effective 10/01/18, Pursuant to Ordinance # 18-1574

6701 S. Archer, Bedford Park, IL 60501 Phone: (708) 458-2067 Fax: (708) 458-2079 www.villageofbedfordpark.com

Collection Period (Month/Year): _____

Local Business Name: _____

Business Address: _____

Payee Name: _____

Payee Address: _____

Contact Name & Telephone: _____

1. Gallons of Motor Fuel Sold at Retail

a. Total Gallons of Gasoline (All blends) _____

b. Total Gallons of Diesel (All blends) _____

c. Total Gallons of Other Fuels _____

Total Gallons Sold 1 _____

2. Village of Bedford Park Motor Fuel Tax (Multiply Line 1 by \$.04) 2 \$ _____

3. Penalties if Return or Payment is Received Late: 3 \$ _____

a. Penalty (Multiply Line 2 by 10%) \$ _____

b. Interest (Multiply Line 2 by 1% for each month late) #months \$ _____

4. Total Tax Due including Penalties (Line 2 + Line 3) 4 \$ _____

Please remit the following to the Village of Bedford Park by the 30th day of the month following the collection period:

- Completed Local Motor Fuel Tax Remittance Form
- Check in the amount shown on line 4 made payable to the "Village of Bedford Park"
- Copy of *Illinois Department of Revenue Form ST-1 (Sales and Use Tax Return)*

Under penalties of perjury and other penalties provided by law, I declare that I have examined this return 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 of which this return is filed.

Signature

Date

Printed Name & Title

Phone Number