Illinois IFTA MFUT-15 IFTA Quarterly Return

Legal name

Trade (DBA) name

Address

Address

City State ZIP

Account no.: IL __ __ __ __ __ __ __ __ __ __ __ __

Report quarter (year/quarter): __ __ __ __ /__ __

Due date (month/day/year): __ __ /__ __ /__ __ __ __

Step 1: Figure your miles per gallon

Fuel Type (See Fuel Type Table)	A Total miles traveled everywhere		B Total fuel consumed everywhere		C Avg. fleet MPG (2 decimal places)
D-Diesel		÷		=	
G-Gasoline		÷		=	
GH-Gasohol		÷		=	
P-Propane		÷		=	
		÷		=	
		÷		=	
		÷		=	

Step 2: Tell us your filing status (Check all that apply.) You must file a return even if there was no activity.

___ Quarterly filing ___ Amended ___ No operation ___ Cancel fuel license, effective __ __/__ __/__ __ __ __ (month day year)

Step 3: Figure your tax due or credit claimed (Round to nearest gallon and mile. Indicate credit in brackets.)

D Juris-diction	E Fuel type (See Fuel Type Table)	F Total miles	G Taxable miles	H Taxable gallons (Divide Column G by Step 1, Column C)	I Tax-paid gallons	J Net taxable gallons (Subtract Column I from Column H)	K Tax rate	L Tax or credit due (Multiply Column J by Column K)	M Interest due
								$	$
								$	$
								$	$
								$	$
								$	$
								$	$
								$	$
								$	$
								$	$
								$	$
								$	$
								$	$
Total Side 1								$	$
Total Side 2								$	$
Grand Total								$	$

Fuel Type Table

D - Diesel	G - Gasoline
GH - Gasohol	P - Propane
E - Ethanol	E85 - E85
M - Methanol	M85 - M85
LNG - Liquid Natural Gas	A55 - A55
CNG - Compressed Natural Gas	

Step 4: Figure your total tax due or refund claimed

1	Tax or credit due - write the Column L grand total.	1	$
2	Penalty (See instructions.)	2	$
3	Interest - write the Column M grand total.	3	$
4	Add Lines 1, 2, and 3. Indicate a credit in brackets.	4	$
5	Balance due or credit carried forward from preceding quarter	5	$
6	Add Lines 4 & 5. This is your cumulative total due or refund claimed. Make your check payable to **"Illinois Department of Revenue."**	6	$

Step 5: Sign below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signature of taxpayer Title (___) Telephone Date __ __/__ __/__ __ __ __

Signature of preparer, if other than taxpayer ( ) Telephone __/__/__ __ Date

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If you need additional rows to complete Step 3, copy this side before you begin.

Account no.: IL __ __ __ __ __ __ __ __ __ __
Report quarter (year/quarter): __ __ __ __ /__ __
Due date (month/day/year): __ __ /__ __ /__ __ __ __

Fuel Type Table

D - Diesel	G - Gasoline
GH - Gasohol	P - Propane
E - Ethanol	E85 - E85
M - Methanol	M85 - M85
LNG - Liquid Natural Gas	A55 - A55
CNG - Compressed Natural Gas	

Step 3: Figure your tax due or credit claimed (cont.) (Round to nearest gallon and mile. Indicate credit in brackets.)

D Juris-diction	E Fuel type (See Fuel Type Table)	F Total miles	G Taxable miles	H Taxable gallons (Divide Column G by Step 1, Column C)	I Tax-paid gallons	J Net taxable gallons (Subtract Column I from Column H)	K Tax rate	L Tax or credit due (Multiply Column J by Column K)	M Interest due
								$	$
								$	$
								$	$
								$	$
								$	$
								$	$
								$	$
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								$	$
								$	$
								$	$
								$	$
								$	$
								$	$
								$	$
Side 2 Total								$	$

Carry your Side 2 Total to Side 1. If you made additional copies of Side 2, add all Side 2 Totals, and carry the sum to Side 1.

This form is authorized by the Illinois Motor Fuel Tax Law. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-3282

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