

**VILLAGE OF BOLINGBROOK**  
**MONTHLY REPORT OF SALE OF MOTOR FUEL**

NAME OF STATION \_\_\_\_\_ STATE ID NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

AS PROVIDED BY CHAPTER 8, ARTICLE 17 OF THE MUNICIPAL CODE OF THE VILLAGE OF BOLINGBROOK,  
WILL & DUPAGE COUNTIES, ILLINOIS.

MAKE CHECK PAYABLE TO: VILLAGE OF BOLINGBROOK  
DIRECTOR OF FINANCE  
375 W. BRIARCLIFF ROAD  
BOLINGBROOK, IL 60440

1. TOTAL NUMBER OF GALLONS SOLD (As indicated on Illinois Retailers Retailer's Occupation Tax Form,  
Line 2 (e) – check proper form)

\_\_\_\_\_ RR – 1A  
\_\_\_\_\_ RR – 2  
\_\_\_\_\_ RR – 1B \_\_\_\_\_ GALS.

2. AT TAX RATE OF \$0.09 PER GALLON \$ \_\_\_\_\_

AT TAX RATE OF \$0.07 PER GALLON (SPECIAL FUEL) \$ \_\_\_\_\_

3. PENALTY OF 2% PER MONTH IF FILED LATE \$ \_\_\_\_\_

4. TAX AMOUNT REMITTED \$ \_\_\_\_\_

UNDER PENALTIES AS PROVIDED BY LAW, THE UNDERSIGNED AND ACCOMPANYING SCHEDULES ARE  
TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND ARE TAKEN FROM THE  
BOOKS AND RECORDS OF THE BUSINESS FOR WHICH THIS REPORT IS FILED.

\_\_\_\_\_  
SIGNATURE OF TAXPAYER

\_\_\_\_\_  
SIGNATURE OF PREPARER

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
DATE

ATTENTION: Gallon measurement is required in completing this form. If your records are in liter measurement,  
multiply the total by the official factor of .2641721 to convert to U.S. gallons.

Please return report and remittance to the Director of Finance, Village of Bolingbrook, by the tenth (10<sup>th</sup>) day of the  
following month. If the return is filed late, a penalty of 2% per month is assessed. This penalty must be shown on  
Line 3 and be remitted.