



## MUNICIPAL MOTOR FUEL TAX RETURN

FOR FILING MONTH OF _____ DUE ON OR BEFORE _____	
NAME OF BUSINESS _____	
BUSINESS ADDRESS _____	CITY _____ STATE _____ ZIP _____
MAILING ADDRESS _____ <i>(If different from above)</i>	CITY _____ STATE _____ ZIP _____
STATE IDENTIFICATION NUMBER _____	

MUNICIPAL MOTOR FUEL TAX UNDER TITLE 7, CHAPTER 10 OF THE CARBONDALE REVISED CODE

NOTE	<b>Gallon measurement is necessary to complete this return. If your records are in liter measurement, multiply the number of liters by .2641721 to convert to U.S. Gallons.</b>
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1. Pump No.	2. Type*	3. Beginning	4. Ending
		Total Column 3	Total Column 4

- 1 - LEADED
- 2 - UNLEADED
- 3 - PREMIUM UNLEADED
- 4 - GASOHOL
- 5 - DIESEL

TOTAL NUMBER OF GALLONS:  
 Column 4 less Column 3, enter Total \_\_\_\_\_ GALLONS  
 (Transfer Total Gallons to Page 2, Line 1)

**ORIGINAL COPY  
(Over)**

