

**Robert J. Lovero**  
**Mayor**



**Collections and  
Licensing**

6700 West 26<sup>th</sup> Street Berwyn, Illinois 60402-0701 Telephone: (708) 788-2660 Fax: (708) 749-8910  
www.berwyn-il.gov

**COLLECTIONS/CITY OF BERWYN**  
**BERWYN VEHICLE FUEL TAX RETAILER FORM**

The following tax return must be completed and filed with City of Berwyn Collections,  
within 30 days from the tax period

_____	_____
Tax Period	Date Filed
_____	_____
Name	Business Name
_____	_____
Address	Business Address
_____	_____
City, State, Zip Code	City, State, Zip Code
Business License Number _____ Distributor's Name _____	

**COMPUTATION OF TAX LIABILITY**

1. Total Gallons Sold \_\_\_\_\_
2. Vehicle Fuel Tax (Line 1 X \$.03) \_\_\_\_\_
3. Late Filing Penalty (Line 2 X 10%) \_\_\_\_\_  
Interest Rate per Month (Line 2 X 5%) \_\_\_\_\_  
**(MUST BE REPORTED; IF NOT  
LICENSE MAY BE IN JEOPARDY)**
4. Total Tax and Penalty Due add Lines 2 & 4 \_\_\_\_\_

The undersigned hereby attests that the foregoing tax return is true and correct.

_____	_____	_____	_____
Signature of Preparer	Date	Signature of Taxpayer	Date

**MAIL THIS COMPLETED RETURN, AND CHECK, FOR THE AMOUNT SHOWN TO:  
CITY OF BERWYN/COLLECTIONS & LICENSING  
6700 WEST 26TH STREET, BERWYN, IL 60402**

**Section 202.99 provides for fines up to \$500.00 and/or imprisonment in the county jail for up to six (6) months upon conviction for violation of any provision of the vehicle fuel tax.**