



MFUT-15 IFTA Quarterly Return

Account no.: IL _____
 Report quarter ending: ____ / ____ / ____
 Due date (month/day/year): ____ / ____ / ____

Legal name _____
 Trade (DBA) name _____
 Address _____
 Address _____
 City _____ State _____ ZIP _____

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	_____ ÷ _____	_____ = _____	
	_____ ÷ _____	_____ = _____	
	_____ ÷ _____	_____ = _____	
	_____ ÷ _____	_____ = _____	

___ Check here if you have changed or updated this information.

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 <small>(Divide Column G by Step 1, Column C)</small>	I Tax-paid gallons	J Net taxable gallons <small>(Subtract Column I from Column H)</small>	K Tax rate	L Tax or credit due <small>(Multiply Column J by Column K)</small>	M Interest due
								\$	\$
								\$	\$
								\$	\$
								\$	\$
								\$	\$
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								\$	\$
								\$	\$
								\$	\$
Total Side 1								\$	\$
Total Side 2								\$	\$
Grand Total								\$	\$

D - Diesel	G - Gasoline
GH - Gasohol	P - Propane
E - Ethanol	E85 - E85
M - Methanol	M85 - M85
B - Biodiesel	A55 - A55
LNG - Liquid Natural Gas	
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 from preceding quarter.	5	\$	_____
6 Credit carried forward from preceding quarter	6	\$	_____
7 Add Lines 4, 5, and 6. This is your cumulative total due or refund claimed. Make your check payable to "Illinois Department of Revenue."	7	\$	_____

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.

Printed name of taxpayer _____ Title _____ Telephone _____
 Signature of taxpayer _____ Date ____ / ____ / ____
 Signature of preparer, if other than taxpayer _____ Telephone _____ Date ____ / ____ / ____



