



Illinois Department of Revenue

CMFT-2-X Amended Multiple-Site Form

Attach to Form CMFT-1-X.

Rev 02

Form 027

Do not write above this line.

Account ID: _____ - _____

Business name: _____

Reporting period you are amending: ___/___/___ through ___/___/___
Month Day Year Month Day Year

You must round your figures to the nearest whole number. See instructions.
Site where the taxable retail sale was made:

Location code
Site name
Site address
City, state, ZIP

Taxable gallons
5a _____ X _____ = 5b \$ _____
(Tax Rate)

Taxable gallons at prior rate
6a _____ 6b \$ _____

Location code
Site name
Site address
City, state, ZIP

Taxable gallons
5a _____ X _____ = 5b \$ _____
(Tax Rate)

Taxable gallons at prior rate
6a _____ 6b \$ _____

Location code
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Taxable gallons
5a _____ X _____ = 5b \$ _____
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Taxable gallons at prior rate
6a _____ 6b \$ _____

Location code
Site name
Site address
City, state, ZIP

Taxable gallons
5a _____ X _____ = 5b \$ _____
(Tax Rate)

Taxable gallons at prior rate
6a _____ 6b \$ _____

This form is authorized by the County Motor Fuel Tax Law. Disclosure of this information is REQUIRED.
Failure to provide information may result in this form not being processed and may result in penalty.

