

Illinois Department of Revenue

PST-2 Prepaid Sales Tax Statement of Tax Paid

Copy ARetailer's copy
Attach to ST-1

Step	1:	Reselle	r's in	formation
------	----	---------	--------	-----------

1 Reseller's business name		
2 Reseller's Account ID	3 Period covered/	
Step 2: Retailer's information	Month	Year
4 Retailer's business name		
5 Retailer's business address	City	State Zip
6 Retailer's Account ID		·
Step 3: Figure your prepaid tax (Do not write negative a	,	
8 Gasohol and biodiesel blends (1% - 10%) subject to prepaid	,	
a Write the total number of gallons.	8a	
b Multiply Line 8a by		
9 Other motor fuel subject to prepaid sales tax		
a Write the total number of gallons.	9a	
b Multiply Line 9a by		
0 Add Lines 8b and 9b. This is your total prepaid tax.	10	
This form is authorized as outlined by the Retailers' Occupation	I lax Act. Disclosure of this information is REQUIRED. Fai	
Illinois Department of Revenue	n approved by the Forms Management Center. IL-492	Сору В
	n approved by the Forms Management Center. IL-492	
Illinois Department of Revenue PST-2 Prepaid Sales Tax Statement of Tax Paid	n approved by the Forms Management Center. IL-492	Copy B Retailer's
Illinois Department of Revenue PST-2 Prepaid Sales Tax Statement of Tax Paid		Copy B Retailer's file copy
Illinois Department of Revenue PST-2 Prepaid Sales Tax Statement of Tax Paid Step 1: Reseller's information 1 Reseller's business name		Copy B Retailer's file copy
Illinois Department of Revenue PST-2 Prepaid Sales Tax Statement of Tax Paid Step 1: Reseller's information 1 Reseller's business name 2 Reseller's Account ID		Copy B Retailer's file copy
Illinois Department of Revenue PST-2 Prepaid Sales Tax Statement of Tax Paid Step 1: Reseller's information 1 Reseller's business name 2 Reseller's Account ID	/	Copy B Retailer's file copy
Illinois Department of Revenue PST-2 Prepaid Sales Tax Statement of Tax Paid Step 1: Reseller's information 1 Reseller's business name 2 Reseller's Account ID	/	Copy B Retailer's file copy
Illinois Department of Revenue PST-2 Prepaid Sales Tax Statement of Tax Paid Step 1: Reseller's information 1 Reseller's business name 2 Reseller's Account ID	/	Copy B Retailer's file copy
Illinois Department of Revenue PST-2 Prepaid Sales Tax Statement of Tax Paid Step 1: Reseller's information 1 Reseller's business name 2 Reseller's Account ID	3 Period covered/	Copy B Retailer's file copy Year State Zip
Illinois Department of Revenue PST-2 Prepaid Sales Tax Statement of Tax Paid Step 1: Reseller's information 1 Reseller's business name 2 Reseller's Account ID		Copy B Retailer's file copy Year State Zip
Illinois Department of Revenue PST-2 Prepaid Sales Tax Statement of Tax Paid Step 1: Reseller's information 1 Reseller's business name 2 Reseller's Account ID		Copy B Retailer's file copy Year State Zip
Illinois Department of Revenue PST-2 Prepaid Sales Tax Statement of Tax Paid Step 1: Reseller's information 1 Reseller's business name 2 Reseller's Account ID		Copy B Retailer's file copy Year State Zip
Illinois Department of Revenue PST-2 Prepaid Sales Tax Statement of Tax Paid Step 1: Reseller's information 1 Reseller's business name 2 Reseller's Account ID		Copy B Retailer's file copy Year State Zip
Illinois Department of Revenue PST-2 Prepaid Sales Tax Statement of Tax Paid Step 1: Reseller's information 1 Reseller's business name 2 Reseller's Account ID		Copy B Retailer's file copy Year State Zip
Illinois Department of Revenue PST-2 Prepaid Sales Tax Statement of Tax Paid Step 1: Reseller's information 1 Reseller's business name 2 Reseller's Account ID		Copy B Retailer's file copy Year State Zip
Illinois Department of Revenue PST-2 Prepaid Sales Tax Statement of Tax Paid Step 1: Reseller's information 1 Reseller's business name 2 Reseller's Account ID		Copy B Retailer's file copy Year State Zip
Illinois Department of Revenue PST-2 Prepaid Sales Tax Statement of Tax Paid Step 1: Reseller's information 1 Reseller's business name 2 Reseller's Account ID	3 Period covered/ 7 Phone number()_ mounts.) sales tax 8a 8b 9a 9b	Copy B Retailer's file copy Year State Zip



Illinois Department of Revenue PST-2 Propoid Solos Tox

PST-2 Prepaid Sales Tax Statement of Tax Paid

Copy C
Reseller's copy
Attach to PST-1

Step 1. Neseller's illiorination							
1 Reseller's business name	eller's business name						
2 Reseller's Account ID	3 Period covered/						
	Month Year						

Step 2: Retailer's information 4 Retailer's business name

n 1. Deceller's information

Step 3: Figure your prepaid tax (Do not write negative amounts.)

8 Gasohol and biodiesel blends (1% - 10%) subject to prepaid sales tax

a Write the total number of gallons.

b Multiply Line 8a by ______.

8b ______.

9b _____.__

10 Add Lines 8b and 9b. This is your total prepaid tax.

10 Add Lines 8b and 9b. This is your total prepaid tax.

PST-2 (R-08/10)

This form is authorized as outlined by the Retailers' Occupation Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-1331



PST-2 Prepaid Sales Tax Statement of Tax Paid

Copy DReseller's file copy

Step 1: Reseller's information

3 Period covered	/		
Mo	onth	Year	
City		State	Zip
7 Phone number()_		
e amounts.)			
id sales tax			
8a	_		
	8b		
9a	_		
	9b		
	City 7 Phone number(e amounts.) id sales tax 8a		3 Period covered