



Illinois Department of Revenue
PST-2 Prepaid Sales Tax
Statement of Tax Paid

Copy A
Retailer's copy
Attach to ST-1

Step 1: Reseller's information

1 Reseller's business name _____

2 Reseller's Account ID _____ - _____

3 Period covered _____ / _____
Month Year

Step 2: Retailer's information

4 Retailer's business name _____

5 Retailer's business address _____
Number and street City State Zip

6 Retailer's Account ID _____ - _____

7 Phone number(_____) _____

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. 8a _____

b Multiply Line 8a by _____ (rate) 8b _____.

9 Other motor fuel subject to prepaid sales tax

a Write the total number of gallons. 9a _____

b Multiply Line 9a by _____ (rate) 9b _____.

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

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



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Copy B
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file copy

Step 1: Reseller's information

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2 Reseller's Account ID _____ - _____

3 Period covered _____ / _____
Month Year

Step 2: Retailer's information

4 Retailer's business name _____

5 Retailer's business address _____
Number and street City State Zip

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3 Period covered _____ / _____
Month Year

Step 2: Retailer's information

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5 Retailer's business address _____
Number and street City State Zip

6 Retailer's Account ID _____ - _____

7 Phone number(_____) _____

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Copy D
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Step 1: Reseller's information

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2 Reseller's Account ID _____ - _____

3 Period covered _____ / _____
Month Year

Step 2: Retailer's information

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5 Retailer's business address _____
Number and street City State Zip

6 Retailer's Account ID _____ - _____

7 Phone number(_____) _____

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