



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 Biodiesel blends (1% - 10%) subject to prepaid sales tax

a Enter the total number of gallons. **8a** _____

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

9 Other motor fuel subject to prepaid sales tax

a Enter 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-07/17)

This form is authorized as outlined under the Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in penalty.



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

Copy B
 Retailer's file copy

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 Biodiesel blends (1% - 10%) subject to prepaid sales tax

a Enter the total number of gallons. **8a** _____

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

9 Other motor fuel subject to prepaid sales tax

a Enter 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** _____.

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Copy C
 Reseller's copy
 Attach to PST-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 Biodiesel blends (1% - 10%) subject to prepaid sales tax
 a Enter the total number of gallons. 8a _____ 8b _____
 b Multiply Line 8a by _____ (rate)
 9 Other motor fuel subject to prepaid sales tax
 a Enter the total number of gallons. 9a _____ 9b _____
 b Multiply Line 9a by _____ (rate)
 10 Add Lines 8b and 9b. This is your total prepaid tax. 10 _____

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PST-2 Prepaid Sales Tax
Statement of Tax Paid

Copy D
 Reseller's file copy

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 Biodiesel blends (1% - 10%) subject to prepaid sales tax
 a Enter the total number of gallons. 8a _____ 8b _____
 b Multiply Line 8a by _____ (rate)
 9 Other motor fuel subject to prepaid sales tax
 a Enter the total number of gallons. 9a _____ 9b _____
 b Multiply Line 9a by _____ (rate)
 10 Add Lines 8b and 9b. This is your total prepaid tax. 10 _____

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