



Read this information first

- You must file Form IDR-909-X for each facility each month that you need to correct your original return or a previously filed amended return. You must attach any supporting documentation.
Fill out Step 2 only if the utility has paid you for the electricity you sold them. If you have not received payment from the electric utility, write "0" on Line 3 in Step 3.
Mail your Form IDR-909-X and payment to the Illinois Department of Revenue, PO Box 19019, Springfield, Illinois, 62794-9019.

Identify your business and write the period for which you are filing

Account ID: \_\_\_\_\_

Liability period: \_\_\_\_/\_\_\_\_/\_\_\_\_
Calendar month and year

License no.: QW - \_\_\_\_\_

Authorized agent or contact person for the owning entity: \_\_\_\_\_

Facility name: \_\_\_\_\_

\_\_\_\_\_

Owning entity: \_\_\_\_\_

Authorized agent or contact person's daytime telephone number: \_\_\_\_\_

Address: \_\_\_\_\_
Number and street

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Include area code

City State ZIP

Step 1: Identify the utility to which you sold electricity (generated using landfill methane)

1 Utility name: \_\_\_\_\_ 2 Account ID of utility: \_\_\_\_\_

Step 2: Complete the columns below - Figures as they should have been reported (for the dates and kilowatt hours of electricity sales for which you have been paid)

Column A - Service month & year

Column B - Kilowatt hours

\_\_\_\_/\_\_\_\_
\_\_\_\_/\_\_\_\_
\_\_\_\_/\_\_\_\_
\_\_\_\_/\_\_\_\_
\_\_\_\_/\_\_\_\_
\_\_\_\_/\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Total: \_\_\_\_\_

Step 3: Figure the payment due - Figures as they should have been reported

- 3 Total kilowatt hours of electricity from Step 3, Column B. 3 \_\_\_\_\_
4 Multiply Line 3 by \$.0006 (six-tenths of a mill). This is your net tax due. 4 \$ \_\_\_\_\_
5 Total amount you paid - including the amount you paid with your actual return, any subsequent amended return(s), & tax (no penalty & interest) you paid on any assessment for this liability period. Reduce the total amount by any credit or tax refund (no interest) received for this liability period. 5 \$ \_\_\_\_\_
6 If Line 5 is greater than Line 4, figure your overpayment by subtracting Line 4 from Line 5. 6 \$ \_\_\_\_\_
7 If Line 5 is less than Line 4, figure your underpayment by subtracting Line 5 from Line 4. 7 \$ \_\_\_\_\_
Pay this amount and make your check payable to "Illinois Department of Revenue."

Step 4: Check the reason you are filing this amended form



- I made a computation error that resulted in an overpayment.
I made a computation error that resulted in underpayment of tax.
The original Account ID was incorrect. The incorrect Account ID is \_\_\_\_\_.
The original reporting period was incorrect. The incorrect reporting period is \_\_\_\_\_.
Other. Please explain. \_\_\_\_\_

Step 5: Sign below

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete. We understand that payments made into the Municipal Economic Development Fund do not relieve our facility of its obligation to reimburse the Public Utility Fund and the General Revenue Fund for the actual reduction in payments to those funds as a result of credits received by electric utilities.

\_\_\_\_\_, Title: \_\_\_\_\_
Taxpayer's signature and title (state if individual owner, member of firm, or corporate officer title)

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Telephone number (include area code)

\_\_\_\_/\_\_\_\_/\_\_\_\_
Date

\_\_\_\_\_, Firm: \_\_\_\_\_
Preparer's signature and name of the firm or employer (if applicable)

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Telephone number (include area code)

\_\_\_\_/\_\_\_\_/\_\_\_\_
Date