

Step 4: Sign below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Your signature

Date

Send your return and payment to: ILLINOIS DEPARTMENT OF REVENUE RETAILERS' OCCUPATION TAX SPRINGFIELD, IL 62776-0001

Do <u>not</u> attach your payment or this form to any other tax return.

This form is authorized as outlined by the Use Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.