

Identify your business

Station 257

Do not write above this line.

Account ID _____
 FEIN _____
Federal employer identification number
 License no. **GA** - _____
 Name _____
 Address _____
Number and street

City State ZIP

Liability period ___/___/___
Month Year

Check here if your address has changed.

Is this a final (you are no longer in business) return? yes no

Step 1: Figure your assistance charges due - Figures as they should have been filed

| | Total number of accounts | Energy Assistance Charge | Renewable Energy Charge |
|---|--------------------------|--------------------------|-------------------------|
| 1 Total number of accounts to which you delivered residential gas service and from which you collected the assistance charges during this liability period. | 1 _____ | | |
| 2 Multiply Line 1 by the appropriate rate - See instructions. | | 2 _____ ___ | |
| 3 Multiply Line 1 by \$0.05. | | | 3 _____ ___ |
| 4 Write the total number of accounts • to which you delivered nonresidential gas service, • to which you delivered less than 4 million therms of gas during the previous calendar year, and • from which you collected the assistance charges. | 4 _____ | | |
| 5 Multiply Line 4 by the appropriate rate - See instructions. | | 5 _____ ___ | |
| 6 Multiply Line 4 by \$0.50. | | | 6 _____ ___ |
| 7 Write the total number of accounts • to which you delivered nonresidential gas service, • to which you delivered 4 million or more therms of gas during the previous calendar year, and • from which you collected the assistance charges. | 7 _____ | | |
| 8 Multiply Line 7 by the appropriate rate - See instructions. | | 8 _____ ___ | |
| 9 Multiply Line 7 by \$37.50 | | | 9 _____ ___ |
| 10 Energy Assistance Charge - Add Lines 2, 5, and 8. | | | 10 _____ ___ |
| 10a Arrearage Reduction Program subtraction. | | 10a _____ ___ | |
| 10b PIPP Program Administrative & Operation Expense Subtraction. | | 10b _____ ___ | |
| 10c Add Lines 10a and 10b and subtract from Line 10 for your total Energy Assistance Charge. | | | 10c _____ ___ |
| 11 Add Lines 3, 6, and 9. This amount is your total Renewable Energy Charge due. | | | 11 _____ ___ |
| 12 Add Lines 10c and 11. This amount is the total assistance charge due. | | | 12 _____ ___ |
| 13 Total amount you paid for this reporting period. | | | 13 _____ ___ |
| 14 If Line 13 is <i>greater than</i> Line 12 — Subtract Line 12 from Line 13 for your overpayment. | | | 14 _____ ___ |
| 15 If Line 13 is <i>less than</i> Line 12 — Subtract Line 13 from Line 12 for your underpayment. | | | 15 _____ ___ |
| Pay this amount and make your check payable to "Illinois Department of Revenue." | | | |

Step 2: Check the reason you are filing this amended return

- I made a computation error that resulted in an overpayment of tax.
 - If you checked this box, did you collect the overpaid tax from your customer? yes no
 - If you checked "yes," did you unconditionally refund the overpaid tax? yes no
- I made a computation error that resulted in underpayment of tax.
- I should have taken a deduction for _____
- The original License no. was incorrect. The incorrect License no. is **GA** - _____
- The original reporting period was incorrect. The incorrect reporting period is _____
- Other. Please explain. _____

Step 3: 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.

 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

