



If no payment is due or you make your payment electronically, do not file this form.

We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
- Get immediate confirmation of your payment.

Visit tax.illinois.gov to make your payment electronically.

Special Note → You must use one of our electronic payment options if the Department has notified you that you are required to make payments electronically.

If you choose to pay the amount you owe by mail, complete the following steps:

- 1 Enter your federal employer identification number (FEIN).
- 2 Enter your name, C/O information (if applicable), address, and phone number.
- 3 Enter the month and year your tax year ends.
- 4 Enter the amount you are paying. Use whole dollars only.
- 5 Detach the voucher and enclose a check or money order for the amount you are paying.
 - Write your FEIN, tax year ending, and "IL-990-T-V" on your payment.
 - Make your check or money order payable to "Illinois Department of Revenue."
 - Mail your completed voucher **and** payment to the address shown on the voucher.

Note → If you are also filing your return by mail, you may attach your voucher and payment to the front page of your return, and mail your return, voucher, and payment together to the address shown on your return.

*** * * Use this voucher to make all IL-990-T payments (extension, prepayment, or return). * * ***



Illinois Department of Revenue

2020 IL-990-T-V

IL-990-T-V (R-12/19) ID: 110

Payment Voucher for
Exempt Organization
Income and Replacement Tax

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053



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Tax year ending

FEIN: _____

Name: _____

Month _____ Year _____

C/O: _____

\$ _____ **00**

Mailing address: _____

Payment Amount (Whole dollars only)
Write your FEIN, tax year ending, and "IL-990-T-V" on your check or money order and make it payable to "Illinois Department of Revenue."

City: _____ State: _____ ZIP: _____

Phone: (_____) _____

