



PROPERTY TAX DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19033
SPRINGFIELD IL 62794-9033

Email: Rev.PropertyTax@illinois.gov
Fax: 217 782-9932

To ensure you receive your reimbursement, be sure to submit your form by the 25th of the month.

1. Identify the county		Appropriation account code number 001-49210-4471-0100 IRS 1099 reporting <input checked="" type="checkbox"/> No	
County Code 200000	or	FEIN	
2. Enter the county treasurer's name and office address			
Name			
Street address			
Street address			
City		State	ZIP
3. Enter the county and pay period of claim			
County		Month	Year
4. Enter the reimbursement amount expected from the state of Illinois under 35 ILCS 200/3-40 for 50 percent (0.50) of the salary paid to the supervisor of assessments (annual amount ÷ 12 × 0.50)			\$
5. Enter any additional reimbursements paid to the supervisor of assessments during the month			\$
Additional reimbursement explanation			
6. Total amount (Add Lines 4 and 5.)			\$
7. County treasurer's certification			
I certify that the amount of the claim described on this voucher is 50 percent of the salary paid to the supervisor of assessments in			
_____ County during _____ / _____			
<small>County name</small>		<small>Month / Year</small>	
_____		_____ / _____ / _____	
<small>Signature of the county treasurer</small>		<small>Printed name of the county treasurer</small> <small>Month / Day / Year</small>	
8. Supervisor of assessments' certification			
I certify that the amount of the claim described on this voucher is 50 percent of the salary which was paid to me for			
service as the supervisor of assessments in _____ County during _____ / _____.			
		<small>County name</small> <small>Month / Year</small>	
_____		_____ / _____ / _____	
<small>Signature of the supervisor of assessments</small>		<small>Printed name of the supervisor of assessments</small> <small>Month / Day / Year</small>	

This form is authorized in accordance with 35 ILCS 200/1-1 et seq. Disclosure of this information is REQUIRED.

Do not write below this line

Official use only:

Amount paid: _____

Initials: _____

Amount adjusted: _____ for _____

PTAX-450-SA Instructions

General Information

Form PTAX-450-SA, Supervisor of Assessments Invoice Voucher, is a monthly-filed voucher used to claim the portion of the supervisor of assessments's salary that the state of Illinois is required to furnish.

Failure to complete the form entirely may result in a delay of the reimbursement. To ensure you receive your reimbursement timely, be sure to submit your form by the 25th of the month.

General Instructions

- Line 1** – Identify the county by either entering the county code or the Federal Employer Identification Number (FEIN) associated with the county.
- Line 2** – Provide the name of the county treasurer and the mailing address of the county treasurer's office.
- Line 3** – Provide the county name and the pay period (month and year) associated with the claim.
- Line 4** – Enter the reimbursement amount expected from the state of Illinois under 35 ILCS 200/3-40. The state is only required to furnish 50 percent (0.50) of the monthly salary paid to the supervisor of assessments. Multiply the supervisor of assessments' monthly salary by 50 percent (monthly amount \times 0.50). If you are calculating the monthly amount based on an annual salary, divide the supervisor of assessments' annual salary by 12 before multiplying by 50 percent (annual amount \div 12 \times 0.50).
- IMPORTANT:** If the salary amount being reported on this form is different from the amount reported in the prior month or if a new supervisor of assessments has taken office, a PTAX-451 and supporting documentation must be filed to establish the new salary amount and/or to establish the new person in the position. Failure to report salary increases in a timely manner may result in a loss of reimbursement for the increased amount.
- Line 5** – Enter any additional reimbursements made to the supervisor of assessments for this pay period that the state is required to furnish. If completing this line, you also must provide a detailed explanation of the additional reimbursement being requested. **Note:** Additional reimbursements are rarely allowed or authorized.
- Line 6** – Enter the total reimbursement amount (add Lines 4 and 5).
- Line 7** – The county treasurer must certify the accuracy of the information on this voucher by entering the county name, pay period (month/year), signature, printed name, and date of signature.
- Line 8** – The supervisor of assessments must certify the accuracy of the information on this voucher by entering the county name, pay period (month/year), signature, printed name, and date of signature.

Where do I submit this form?

This form is due by the 25th of each month and may be submitted by email (preferred), mail, or fax.

Email (preferred): Rev.PropertyTax@illinois.gov

Mail: Property Tax Division
Illinois Department of Revenue
PO Box 19033
Springfield, IL 62794-9033

Fax: 217 782-9932