

Sheriff Invoice Voucher

PROPERTY TAX DIVISION ILLINOIS DEPARTMENT OF REVENUE PO BOX 19033 Email: Rev.PropertyTax@illinois.gov Fax: 217 782-9932

SPRINGFIELD IL 62794-9033

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	
County Code		FEIN	• • • • • • • • • • • • • • • • • • • •	2-49210-4471-0900	
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2. Enter the county treasurer's name and office address					
Street address					
Street address					
Cit.		State		Izin	
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					
55 ILCS 5/3-6007.5 for 66 2/3 percent (0.6666) of the salary paid to the sheriff				\$	
(annual amount ÷ 12 × 0.6666)					
5. Enter any additional reimbursements paid to the sheriff 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 66 2/3 percent of the salary paid to the sheriff in					
County name County during /					
Signature of the county treasurer		Printed name of the county treasurer		Month Day Year	
8. Sheriff's certification					
I certify that the amount of the claim described on this voucher is 66 2/3 percent of the salary which was paid to me for					
service as the sheriff in County during /					
County hame			Monut Teal		
Signature of the sheriff		Printed name of the sheriff		Month Day Year	
Do not write below this line	This form	n is authorized in accordance with 35 ILCS 200/1-1 et seq. Disclosur	e of this information is	REQUIRED.	
Official use only:					
Amount paid:				Initials:	
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PTAX-450-SF Instructions

General Information

Form PTAX-450-SF, Sheriff Invoice Voucher, is a monthly-filed voucher used to claim the portion of the sheriff'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 55 ILCS 5/3-6007.5. The state is only required to furnish 66 2/3 percent (0.6666) of the monthly salary paid to the sheriff. Multiply the sheriff's monthly salary by 66 2/3 percent (monthly amount × 0.6666). If you are calculating the monthly amount based on an annual salary, divide the sheriff's annual salary by 12 before multiplying by 66 2/3 percent (annual amount ÷ 12 × 0.6666).

IMPORTANT: If the salary amount being reported on this form is different from the amount reported in the prior month or if a new sheriff 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 sheriff 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 sheriff 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