



# RT-10-X Amended Telecommunications Infrastructure Maintenance Fee (TIMF) Return

## Identify your business

Station no. 060

Do not write above this line.

Account ID: \_\_\_\_\_

License no.: **T I** - \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Check the appropriate box and complete the information to indicate the fee period for which you are filing this return:

- Month** of \_\_\_\_/\_\_\_\_/\_\_\_\_
- Quarter** ending \_\_\_\_/\_\_\_\_/\_\_\_\_

Check here if your address has changed.

Is this a final return (you will no longer conduct business)?

- yes
- no



## Step 1: Figure your TIMF due - Figures as they should have been filed

### Net gross charges:

- 1** Gross charges (see instructions) billed during this liability period. **1** \_\_\_\_\_
  - 2** Amount you received during this liability period on credit previously extended. **2** \_\_\_\_\_
  - 3** **Add Lines 1 and 2.** This amount is your total gross charges. **3** \_\_\_\_\_
  - 4** Deductions:
    - a** Gross charges billed to the federal government **4a** \_\_\_\_\_
    - b** Gross charges billed for wireless telecommunications **4b** \_\_\_\_\_
    - c** Fee-free sales billed to resellers **4c** \_\_\_\_\_
    - d** Other. Explain: \_\_\_\_\_ **4d** \_\_\_\_\_
  - 5** **Add Lines 4a through 4d.** This amount is your total deduction. **5** \_\_\_\_\_
  - 6** **Subtract Line 5 from Line 3.** This amount is your net gross charges subject to the State TIMF. **6** \_\_\_\_\_
  - 7** **Multiply Line 6 by 0.5% (.005).** This is your State TIMF due. **7** \_\_\_\_\_
  - 8** If you file this return and pay the amount due by the due date, multiply Line 7 by 2% (.02). **8** \_\_\_\_\_
  - 9** **Subtract Line 8 from Line 7.** **9** \_\_\_\_\_
  - 10** Credit you wish to apply. **10** \_\_\_\_\_
  - 11** **Subtract Line 10 from Line 9.** This is your net fee due. **11** \_\_\_\_\_
  - 12** Total amount you have paid for this reporting period. **12** \_\_\_\_\_
  - 13** If Line 12 is greater than Line 11, figure your overpayment by **subtracting Line 11 from Line 12.** **13** \_\_\_\_\_
  - 14** If Line 12 is less than Line 11, figure your underpayment by **subtracting Line 12 from Line 11.** **14** \_\_\_\_\_
- Pay this amount. Make your check payable to "Illinois Department of Revenue."

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

- I received a Notice of Possible Overpayment or made a computation error that resulted in an overpayment of the fee.
  - If you checked this box, did you collect the overpaid fee from your customer?  yes  no
  - If you checked "yes," did you unconditionally refund the overpaid fee?  yes  no
- I made a computation error that resulted in underpayment of the fee.
- I made an error on a schedule or attachment.
- I should have taken a deduction for \_\_\_\_\_
- The original License no. was incorrect. The incorrect License no. is **TI** - \_\_\_\_\_.
- 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.

\_\_\_\_\_  
Owner or officer's signature and title (state if individual owner, member of firm, or corporate officer title) Title: \_\_\_\_\_ Telephone number (include area code) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Preparer's signature and title (state if individual owner, member of firm, or corporate officer title) Title: \_\_\_\_\_ Telephone number (include area code) \_\_\_\_\_ Date \_\_\_\_\_