

Illinois Department of Revenue  
**RT-2-X Amended Telecommunications Tax Return**

REV 3 Form 168

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 NS DP CA

Do not write above this line.

**Identify your business**

Station no. 052

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

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

Taxpayer's name: \_\_\_\_\_

Business' name: \_\_\_\_\_

Business' address: \_\_\_\_\_  
Number and street

City

State

ZIP

Complete the information to indicate the tax period for which you are filing this amended return:

- Month of \_\_\_/\_\_\_/\_\_\_  
 Quarter ending \_\_\_/\_\_\_/\_\_\_  
 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 net gross charges subject to tax - Figures as they should have been filed**

- |   |   |    |       |       |
|---|---|----|-------|-------|
| 1 | Gross charges (defined on instructions) billed during the period for which you are filing this return.          | 1  | _____ | _____ |
| 2 | Total amount you received during the period for which you are filing this return on credit previously extended. | 2  | _____ | _____ |
| 3 | <b>Add Lines 1 and 2.</b> This amount is your gross charges subject to tax.                                     | 3  | _____ | _____ |
| 4 | Deductions. Write the following amounts you included in Line 1.   |    |       |       |
| a | Gross charges billed to the federal government  | 4a | _____ | _____ |
| b | Gross charges billed to the state of Illinois   | 4b | _____ | _____ |
| c | Tax-free sales billed to resellers  | 4c | _____ | _____ |
| d | Other. Explain: _____   | 4d | _____ | _____ |
| 5 | <b>Add Lines 4a through 4d.</b> This amount is your total deduction.  | 5  | _____ | _____ |
| 6 | <b>Subtract Line 5 from Line 3.</b> This amount is your net gross charges subject to tax.                       | 6  | _____ | _____ |

**Step 2: Figure your tax due - Figures as they should have been filed**

- |    |  |    |       |       |
|----|--|----|-------|-------|
| 7a | Amount of Line 6 subject to the current state and municipal tax rate   | 7a | _____ | _____ |
| 7b | Tax due at the current state and municipal rates   | 7b | _____ | _____ |
| 8a | Amount of Line 6 subject to tax at rates other than the current rates  | 8a | _____ | _____ |
| 8b | Tax due at rates other than the current tax rates  | 8b | _____ | _____ |
| 9  | <b>Add line 7b and Line 8b.</b> This is your total tax due.  | 9  | _____ | _____ |
| 10 | Credit for tax you paid to other states or to telecommunication retailers. See instructions.                           | 10 | _____ | _____ |
| 11 | <b>Subtract Line 10 from Line 9.</b> This is the total Telecommunications Tax due.                                     | 11 | _____ | _____ |
| 12 | If you file this return and pay the amount due by the due date, multiply Line 11 by 1% (.01).                          | 12 | _____ | _____ |
| 13 | <b>Subtract Line 12 from Line 11.</b> This is your tax due after the discount.   | 13 | _____ | _____ |
| 14 | If you pay on a quarter-monthly basis, write the amount you paid in estimated payments. If not, write "0."             | 14 | _____ | _____ |
| 15 | If Line 14 is greater than Line 13, figure your overpayment by <b>subtracting Line 13 from Line 14.</b> Go to Step 3.  | 15 | _____ | _____ |
| 16 | If Line 14 is less than Line 13, figure your underpayment by <b>subtracting Line 14 from Line 13.</b>                  | 16 | _____ | _____ |
| 17 | Total credit you wish to apply.  | 17 | _____ | _____ |
| 18 | <b>Subtract Line 17 from Line 16.</b> This is your net tax due.  | 18 | _____ | _____ |
| 19 | Total amount you paid for the reporting period for which you are filing this amended return.                           | 19 | _____ | _____ |
| 20 | If Line 19 is greater than Line 18, figure your overpayment by <b>subtracting Line 18 from Line 19.</b>                | 20 | _____ | _____ |
| 21 | If Line 19 is less than Line 18, figure your underpayment by <b>subtracting Line 19 from Line 18.</b> Pay this amount. | 21 | _____ | _____ |

**Step 3: 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 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 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 **T** - \_\_\_\_\_.
- The original reporting period was incorrect. The incorrect reporting period is \_\_\_\_\_.
- Other. Please explain. \_\_\_\_\_

**Step 4: 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: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Owner or officer's signature and title (state if individual owner, member of firm, or corporate officer title) Telephone number (include area code) Date

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

**Note:** You can file Form RT-2-X electronically using MyTax Illinois at [tax.illinois.gov](http://tax.illinois.gov).

RT-2-X (R-11/12)

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

