



Illinois Department of Revenue

EDA-117-B Multiple Location Schedule for E911 Surcharge (attach to EDA-98)

Account ID: _____ - _____

Audit period you are filing the claim on: _____/_____/_____ through _____/_____/_____
Month Day Year Month Day Year

Chicago locations E911 Surcharge _____

non-Chicago locations E911 Surcharge _____

Completed by _____ Date ____/____/____

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.