



AH-5-SCP Request for Administrative Hearing for Illinois Secure Choice Program Act Penalty

Read this information first

Use this form to request an administrative hearing in response to the Notice of Proposed Assessment or Notice of Claim Denial for your Illinois Secure Choice Program Act penalty.

Note: An administrative hearing is a formal proceeding presided over by an administrative law judge and conducted in a manner defined by the rules adopted by the Illinois Department of Revenue (IDOR). An attorney representing IDOR will be present. You may represent yourself or have your own attorney there to represent you.

Step 1 – Provide the following information

1 _____
Taxpayer(s) name(s)

2 _____
Mailing address

3 _____
PO Box, if applicable

4 _____
City State ZIP

5 _____
Email address

6 () _____
Phone number

7 _____
Account ID

8 _____
Letter ID of Notice of Proposed Assessment or Claim Denial

9 _____
Date issued

10 _____
Liability period

11 \$ _____
Amount shown due on notice, if applicable

12 If you are protesting the **Notice of Claim Denial**, provide the following information:

Liability period	Date claim was denied	Amount of claim denied
_____	____/____/____	\$ _____

Step 2 – Signature verification (required)

I (we) hereby request an administrative hearing to show the claim denial or liability indicated by the notice referenced above is wrong. I (we) fully understand the nature of this proceeding and the legal responsibilities required.

Taxpayer(s) signature Date

Signature of taxpayer's representative(s) Date

Note: If a taxpayer representative signs this form, a Form IL-2848, Power of Attorney, must accompany the filing of this protest. Form IL-2848 is available on IDOR's website at tax.illinois.gov.

Step 3 – File your request for administrative hearing

Mail or deliver the completed Form AH-5-SCP to the address below.

Note: Form AH-5-SCP must be filed on or before the date specified on the notice you are protesting. If you do not file a written request for a hearing within the time period specified on the notice, you will waive your right to a hearing, and IDOR's determination will be final.

To: SECURE CHOICE ENFORCEMENT PROGRAM
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19079
SPRINGFIELD IL 62794-9079

Include copies of all notices you are protesting. You cannot protest a notice that does not provide you with the right to an administrative hearing.