



EDA-149 Gasoline Retailers' Voluntary Compliance Program Application (for periods covering July 2006 through August 2009)

Step 1: Identify yourself and your business (please print)

1 Name: 2 Social Security no.: 3 Address: 4 Telephone number: 5 Business name: 6 DBA: 7 FEIN: 8 Illinois Account ID: 9 Business address:

Step 2: List owner(s)/corporate officer(s)/partner(s) (attach additional sheet, if needed)

9 a Name: Title: Social Security no.: Address: b Name: Title: Social Security no.: Address:

Step 3: Sign here.

This application must be signed by the taxpayer, a duly authorized corporate officer, partner, or fiduciary of the taxpayer, or by the taxpayer's representative under a valid power of attorney.

Agreement

The undersigned agrees that he/she will fully disclose tax liabilities for the periods covered by the program, file accurate amended tax returns, pay all applicable tax, penalties, and interest, and fully cooperate with agents of the Illinois Department of Revenue.

The undersigned understands that if he/she does not fully disclose tax liabilities and pay associated amounts due, the failure to fully comply will be taken into account by the Department of Revenue in determining whether to assess the 50 percent civil fraud penalty and by the Illinois attorney general in deciding whether to file criminal charges.

Waiver

In order to allow time to review this application for voluntary compliance, the undersigned expressly agrees to extend the running of any and all statutes of limitations regarding the billing and collection of any tax, penalty, or interest for the periods of July 2006 through August 2009.

Perjury statement

Under penalties of perjury, the undersigned declares that he/she has examined this form, including any accompanying statements, and to the best of his/her knowledge the statements made therein are true, correct, and complete.

Signature Title Date

Step 4: Send this application, amended returns, and tax owed by November 16, 2009.

Mail to: Gasoline Retailers' Voluntary Compliance Program Illinois Department of Revenue PO Box 19025 Springfield, IL 62794-9025