

**State of Illinois
County Instructions on Preparing
PTAX 450-SA and PTAX 451
Supervisor of Assessments Forms**

Supervisor of
Assessment Salary
(SOA) Reimbursement
Forms



Supervisor of Assessment Salary Reimbursement PTAX 450-SA

Please use the fill-in form on our web site and print for signatures.

- Step 1 - Complete your County code or FEIN
- Step 2 - List County Treasurer name/address
- Step 3 - Enter County and Month/Yr of claim
- Step 4 - Enter Voucher Amt 3 places
- Step 5 - Obtain Treasurer, SOA signatures



PTAX 450-SA (SOA Formula Used)

- The Annual Salary is used to figure the state paid voucher monthly amount.
- Formula (Annual Salary ÷ 12 x .5 = Voucher Amount)
- This Voucher Amt is written on 3 areas of PTAX-450-SA.

Illinois Department of Revenue
PTAX-450-SA Supervisor of Assessments Invoice Voucher

PRIORITY TAX DIVISION
 ILLINOIS DEPARTMENT OF REVENUE
 PO BOX 19033
 SPRINGFIELD IL 62784-8033

County code: 2 0 0 0 0 555 or FEIN: _____

County Treasurer's name and address
 John Doe
 County Treasurer's name
 123 Street Address
 Address
 Sample City IL 62756
 City ZIP

Appropriation account, code number
001-49210-4471-0100
 IRS 1099 reporting No

SAMPLE

Description of Claim		Amount
Reimbursement from the state of Illinois under 95 ILCS 200/3-40 for 50 percent of the salary paid to the supervisor of assessments in NAME OF COUNTY County during 01 / 2009		\$1,234.56
Additional reimbursement during _____ Please explain _____		
Additional reimbursement during _____ Please explain _____		
Additional reimbursement during _____ Please explain _____		
EXP. OBJ.	Total expense amount	Total amount
447E	\$1,234.56	\$1,234.56

County Treasurer's Certification
 I certify that the amount of the claim described on this voucher is 50 percent of the salary paid to the supervisor of assessments in
 NAME OF COUNTY County
 during 01 / 2009
 County Treasurer's signature
 01 / 22 / 2009

Supervisor of Assessments' Certification
 I certify that the amount of the claim described on this voucher is 50 percent of the salary which was paid to me for service as the supervisor of assessments in
 NAME OF COUNTY County
 during 01 / 2009
 Supervisor of Assessments' signature
 01 / 22 / 2009

PTAX-450-SA (R 08/05) The form is subject to change without notice. Check date of the information on FRC, IFRFD. The form is best accessed by the Central Management Center. IL-426-1033



PTAX 451 “Rules for Use” for SOA

- The PTAX 451 is needed in addition to 450 if:

CHANGE IN INCUMBENT – (Must have all 3 attachments)

1. Oath of Office
2. Certificate of Qualification
3. Resolution Copy

SALARY CHANGE - For Increase or Decrease for either New or Current SOA

- Salary Change – (Must have 1 attachment – Pick one)
Attach Resolution
or Minutes
or Budget page

Note: The voucher payment for new incumbent or salary change will be held until we receive all required attachments as described above.



Sample PTAX 451 for SOA

Check which copy you are supplying. May use budget page also.

If paying back pay, we will figure this amount for you and include it on the next check.

Illinois Department of Revenue
PTAX-451
 Supervisor of Assessments or
 Public Defender Salary Adjustment

PROPERTY TAX DIVISION
 ILLINOIS DEPARTMENT OF REVENUE
 PO BOX 19033
 SPRINGFIELD IL 62794-9033

Step 1: Complete the following information

- County Name of County
- Date of county board action 12 / 01 / 2008
- Annual salary \$ 55,555.55
- Effective date of salary increase or decrease 01 / 01 / 2009
- Check which certified copy you are attaching
 - the resolution
 - minutes of the meeting at which the county board approved the change in the annual salary for the office of supervisor of assessments or public defender.

Step 2: Complete the following information

- Check who is receiving the salary adjustment
 - supervisor of assessments
 - OR
 - public defender
 - full-time
 - part-time
- Social Security number 123 - 45 - 6789
- A** John Doe
Name
123 Street Address
Address
Sample City IL 62755
City State ZIP

Step 3: Sign below

I certify that the information on this form is true and correct to the best of my knowledge.

Signature of the claimant of the award 12 / 31 / 2008
 Name Date Year

State of Illinois }
 NAME OF COUNTY } County

I, Jane Doe County Clerk In and for the county of
 NAME OF COUNTY and keeper of the records and seal, do hereby
 certify that the above is true and correct.

By: 12 / 31 / 2008
 Name Date Year



Must be the date County began paying new salary.

SAMPLE



Return Form and Attachments Completed & Signed

- You may either:
 - Fax to Connie Day at 217-782-9932
 - ‘or’ Mail to address on form
- These Forms located on our web site:
<http://tax.illinois.gov/LocalGovernment/PropertyTax/salaryreim.htm>
- These forms are to be prepared after the SOA works the month then sent to us. Then we issue payment via Comptroller’s Office. You may monitor payment using Comptroller web site by searching Vendor payments and enter your 200# of a series of 9 digits.



Questions or Concerns?

Please call Connie Day - Property Tax Office
of Illinois Dept. of Revenue.

- PHONE: 217.785.1356
- FAX: 217.782.9932
- MAIL: IL Dept. of Revenue
Connie Day
101 West Jefferson
Springfield, IL 62794



The PTAX-450-SA and PTAX 451 forms are Authorized and this information is REQUIRED.

- The PTAX 450 SA and PTAX 451 forms are authorized in accordance with 35 ILCS 200/1-1 et seq.
- Disclosure of this information is required.
- These forms have been approved by the Forms Management Center.
- Link to these forms are here:

<http://tax.illinois.gov/LocalGovernment/PropertyTax/salaryreim.htm>

END OF PRESENTATION



End Show