

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

Supervisor of  
Assessment Salary  
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 62784-0033

County code: 2 0 0 0 0 555 or FEIN: \_\_\_\_\_

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

County Treasurer's name and address  
 John Doe  
 County Treasurer's name  
 123 Street Address  
 Address

Sample City  
 City

Description of Claim  
 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 Month Year

Additional reimbursement during Month / Year  
 Please explain

Additional reimbursement during Month / Year  
 Please explain

Additional reimbursement during Month / Year  
 Please explain

EXP. OBJ.	Total expense amount	Total amount
447E	\$1,234.66	\$1,234.66

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 Month Year

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 Month Year

County Treasurer's signature: \_\_\_\_\_  
 01 / 22 / 2009 Month Day Year

Supervisor of Assessments' signature: \_\_\_\_\_  
 01 / 22 / 2009 Month Day Year

PTAX-450-SA (R-02/03) The form is void if not accompanied by the LCS 200/3.40 copy. Check date of this information on a PFC 1099. The form has been approved by the Central Management Center. IL-426-1033

**SAMPLE**



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

**Supervisor of Assessments or Public Defender Salary Adjustment**

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**Step 1: Complete the following information**

1 County Name of County

2 Date of county board action 12 / 01 / 2008

3 Annual salary \$ 55,555.55

4 Effective date of salary increase or decrease 01 / 01 / 2009

5 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**

6 Check who is receiving the salary adjustment  
 supervisor of assessments  
 OR  
 public defender  
 full-time  
 part-time

7 Social Security number 123 - 45 - 6789

8 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

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.

Signature of County Clerk 01 / 01 / 2009  
Name Date

PTAX-451 (R-007)  
 This form has been approved by the Fair Tax Manager and Clerk. REQUIRED: L-4528-01

Must be the date County began paying new salary.

**SAMPLE**



# Return Form and Attachments Completed & Signed

- You may either:
  - Fax to Joanie Griffin 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 Joanie Griffin -Property Tax Office  
of IL Dept. of Revenue.

- PHONE: 217.785.1356
- FAX: 217.782.9932
- MAIL: IL Dept. of Revenue  
Joanie Griffin – MC4-500  
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