



ST-1-X Amended Sales and Use Tax Return

REV 03 FORM 003 Station 833

E S ____/____/____

NS DP CA RC

Read this information first

Do not write above this line.

Everyone must complete Parts 1, 2, and 5.

You must also complete

- Part 3 if you believe you have overpaid, and
- Part 4 if you are changing financial information.

Amount you are paying: \$ _____

Make your check payable to "Illinois Department of Revenue."

Part 1: Identify your business

1 Account ID _____

"X" **only** if your address is **different** from the address on your original return and complete item 4 below.

2 This form is for _____
(Reporting period)

4 Mailing address _____
Number and street

3 Business name _____

City _____ State _____ Zip _____

Part 2: Check the reason you are correcting your return

1 ____ I took a deduction on my original return that was not allowed or was too large.

3 ____ I put an amount on the wrong line on either Form ST-1 or Form ST-2.

2 ____ I am decreasing Line 1 **or** I am increasing Line 2 on my original return because I sold merchandise

4 ____ I overcollected sales tax from my customer.

a ____ to another Illinois business for resale.
(Account ID _____)

5 ____ I made a computational error on Lines 3 through 25 of my original return.

b ____ to an out-of-state customer, which was a sale in interstate commerce. The merchandise was delivered to a location outside Illinois.

6 ____ I paid a higher rate of tax on the sale of food, drugs, and medical appliances than I should have.

c ____ to an exempt organization.
(Tax-exempt no. E- _____)

7 ____ The original account ID was incorrect. The correct account ID is _____.

d ____ that qualified for a tax exemption such as machinery or equipment used in manufacturing, farming, or graphic arts.

8 ____ The original tax period was incorrect. The correct tax period is _____.

e ____ that qualified for an enterprise zone exemption.

f ____ that was returned by my customer.

g ____ that was exempt for another reason. Please explain.

9 ____ Other _____

Part 3: Answer the following questions if you believe you have overpaid

1 Did you collect the overpaid tax from your customer? _____ yes _____ no

2 If yes, did you unconditionally refund the overpaid tax? _____ yes _____ no

Please turn this page over to complete Parts 4 and 5.



Part 4: Correct your financial information

Complete this section only if you are changing financial information.
Please round to the nearest whole dollar.

Column A
Most recent figures filed

Column B
Figures as they should
have been filed

Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) **A** _____ **A** _____

Taxable Receipts

1 Total receipts (include tax) **1** _____ **1** _____
2 Deductions - Include tax collected (from worksheet in instructions) **2** _____ **2** _____
3 Taxable receipts - Subtract Line 2 from Line 1. **3** _____ **3** _____

Tax on Receipts

Illinois Retailers and Servicepersons

4a General merchandise tax base **4a** _____ **4a** _____
4b General merchandise tax - Multiply Line 4a by your tax rate of _____. **4b** _____ **4b** _____
5a Food, drugs, and medical appliances tax base **5a** _____ **5a** _____
5b Food, drugs, and medical appliances tax - Multiply Line 5a by your tax rate of _____. **5b** _____ **5b** _____

Out-of-state Retailers and Servicepersons

6a General merchandise tax base **6a** _____ **6a** _____
6b General merchandise tax - Multiply Line 6a by 6.25 percent (.0625). **6b** _____ **6b** _____
7a Food, drugs, and medical appliances tax base **7a** _____ **7a** _____
7b Food, drugs, and medical appliances tax - Multiply Line 7a by 1 percent (.01). **7b** _____ **7b** _____

All Retailers and Servicepersons

8a Receipts taxed at other rates **8a** _____ **8a** _____
8b Receipts taxed at other rates - Multiply Line 8a by the appropriate tax rate of _____. **8b** _____ **8b** _____
9 Tax due on receipts - Add Lines 4b, 5b, 6b, 7b, and 8b. **9** _____ **9** _____

Retailers' Discount and Net Tax Due

10 Discount - See instructions. **10** _____ **10** _____
11 Net tax due on receipts - Subtract Line 10 from Line 9. **11** _____ **11** _____

Tax on Purchases

12a General merchandise tax base **12a** _____ **12a** _____
12b General merchandise tax - Multiply Line 12a by 6.25 percent (.0625). **12b** _____ **12b** _____
13a Food, drugs, and medical appliances tax base **13a** _____ **13a** _____
13b Food, drugs, and medical appliances tax - Multiply Line 13a by 1 percent (.01). **13b** _____ **13b** _____
14a Purchases taxed at other rates **14a** _____ **14a** _____
14b Receipts taxed at other rates - Multiply Line 14a by the appropriate tax rate of _____. **14b** _____ **14b** _____
15 Tax due on purchases - Add Lines 12b, 13b, and 14b. **15** _____ **15** _____

Net Tax Due

16 Total tax from receipts and purchases - Add Lines 11 and 15. **16** _____ **16** _____
16a Manufacturer's Purchase Credit - See instructions. **16a** _____ **16a** _____
17 Prepaid sales tax - See instructions. **17** _____ **17** _____
18 Quarter-monthly payments **18** _____ **18** _____
19 Prior overpayments **19** _____ **19** _____
20 Total prepayments - Add Lines 16a, 17, 18, and 19. **20** _____ **20** _____
21 Net tax due - Subtract Line 20 from Line 16. **21** _____ **21** _____

Payment Due

22 Excess tax collected **22** _____ **22** _____
23 Total tax due - Add Lines 21 and 22. **23** _____ **23** _____
24 Credit memorandum **24** _____ **24** _____
25 Subtract Line 24 from Line 23. This is the net total due. **25** _____ **25** _____
26 Write the total amount you have paid. **26** _____ **26** _____

Compare Line 25, Column B, and Line 26.

• If Line 26 is **greater than** Line 25, Column B, write the difference on Line 27.

• If Line 26 is **less than** Line 25, Column B, write the difference on Line 28.

27 Overpayment - This is the amount you have overpaid. Go to Part 5 and sign this return. **27** _____

28 Underpayment - This is the amount you have underpaid. Please pay this amount.
Go to Part 5 and sign this return. **28** _____

Make your check payable to "Illinois Department of Revenue."

Part 5: Sign below

Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete.

 Owner, partner, or officer's signature Title Phone Date

 Preparer's signature Title Phone Date

Mail to: ILLINOIS DEPARTMENT OF REVENUE
 PO BOX 19034
 SPRINGFIELD IL 62794-9034



Please write the amount you are paying on the line provided in the "Read this information first" section on the front of this return.