Illinois Department of Revenue

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BOA-2 Application for Voluntary Disclosure Program

Step 1: Identify yourself and the tax you are voluntarily disclosing

Taxpayer's name _____

Street address _____

City, state, ZIP _____

Phone no. _____

Mobile phone no. _____

Email address _____

Spouse's name (if applicable) _____

If business, business name _____

SSN or FEIN _____

Tax period from _____ through _____

Tax type (check all that apply):

☐ IL-1040 ☐ IL-1041 ☐ IL-1065 ☐ IL-1120-ST

☐ IL-1120 ☐ IL-941 ☐ IL-990-T ☐ ST-1/Use

☐ Excise tax/Other (identify type) _____

Step 2: Complete this step if you are being represented by someone else

1 Attach a completed Form IL-2848, Power of Attorney, to your completed Form BOA-2.

2 Identify the representative(s) you appointed as attorney-in-fact (Step 3 of your Form IL-2848, Power of Attorney).

Name of individual _____ Name of firm (if applicable) _____

Name of individual _____ Name of firm (if applicable) _____

Step 3: Taxpayer must sign below

I state that prior to making this application for voluntary disclosure of the tax type shown above, the above named taxpayer has not been notified of the initiation of an audit or criminal investigation by the Illinois Department of Revenue.

I state that I have examined this Form BOA-2 application and, to the best of my knowledge, it is true, correct, and complete.

Individual debt This application must be signed by the taxpayer (***not*** a power of attorney or representative of the taxpayer). If the applicaiton is for a joint return, it also must be signed by the spouse.

Business debt This appplication must be signed by the owner of the business (if a corporation, an officer; or if a partnership, a partner) (***not*** a power of attorney or representative of the taxpayer).

Your signature or authorized officer (if officer, write title) _____ Month Day Year

Printed name _____

If applicable, spouse's signature _____ Month Day Year

Printed name of the spouse _____

Board of Appeals approval (Department use only)

Board member's signature _____ Date _____

Return this completed and signed application using one of the three options below:

Mail to: **PROBLEMS RESOLUTION DIVISION - VDP**
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19014
SPRINGFIELD, IL 62704-9014

Email to: **REV.PRD@Illinois.gov**

Fax to: **217-785-2643**

This form is authorized as outlined by Section 3-10(c) of the Uniform Penalty and Interest Act. Disclosure of information is REQUIRED. Failure to provide information could result in rejection of your application.

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