



EDA-98-E Claim for Credit (audited periods only) (Excise Taxes and Fees)

Read this information first.

- Complete this form only if you have overpaid audited periods for Excise Taxes and Fees. For a list of reports covered by this form, see Step 2.
- Please attach the audit report along with copies of any pertinent information involving this claim to this form. If you are a multiple-site filer, complete and attach a copy of Form EDA-117-E, Multiple Location Schedule.

Step 1: Identify your business.

- 1 Account ID: _____ - _____ License no: _____
- 2 Audit period you are filing the claim on: _____/_____/_____ through _____/_____/_____
- 3 Business name _____
- 4 Mailing address _____
Street address City State ZIP
- 5 Daytime telephone number (_____) _____

Step 2: Mark the tax type for this claim for credit. (Check only one type per claim form.)

- | | |
|--|---|
| <input type="checkbox"/> DS-1-A, Dry-Cleaning Solvent Tax Audit Return | <input type="checkbox"/> RG-6-A, Assistance Charges Audit Return for Natural Gas Distributors |
| <input type="checkbox"/> EDA-21, Pull Tabs Audit Report | <input type="checkbox"/> RHM-1-C, Hotel Operators' Occupation Tax Audit Report |
| <input type="checkbox"/> EDA-21B, Bingo Audit Report | <input type="checkbox"/> RL-26-AR, Liquor Revenue Airline Audit Return |
| <input type="checkbox"/> EDA-21-CG, Charitable Games Audit Report | <input type="checkbox"/> RL-26-W-A-Audit, Liquor Revenue Direct Wine Shippers Audit Return |
| <input type="checkbox"/> EDA-35-B, Audit Amended Motor Fuel Tax Distributor/Supplier Return (January 1, 2000, and after) | <input type="checkbox"/> RL-65, Liquor Tax Audit Report |
| <input type="checkbox"/> EDA-37, Motor Fuel Tax Audit Report for Bulk Users of Special Fuel | <input type="checkbox"/> RMFT-71-A, Liquefied Petroleum Gas Tax Audit Report |
| <input type="checkbox"/> EDA-96-B, Audit Amended Underground Storage Tank Tax and Environmental Impact Fee Report (January 1, 2000, and after) | <input type="checkbox"/> RMFT-141-A, Private-Use Biodiesel Producer Audit Report |
| <input type="checkbox"/> ICT-4-A, Electricity Distribution and Invested Capital Tax Audit Report | <input type="checkbox"/> RPU-6-A, Assistance Charges Audit Return for Electricity Distributors |
| <input type="checkbox"/> IDR-909-A, Qualified Solid Waste Energy Facility Payment Audit Form | <input type="checkbox"/> RPU-13-A, Electricity Excise Tax Audit Report |
| <input type="checkbox"/> RC-6-AR, Out-of-State Cigarette Revenue Audit Return | <input type="checkbox"/> RT-2-A, Telecommunications Tax Audit Report |
| <input type="checkbox"/> RC-28, Cigarette Revenue Audit Report | <input type="checkbox"/> RT-10-A, Telecommunications Infrastructure Maintenance Fee (TIMF) Audit Report |
| <input type="checkbox"/> RC-44-A, Illinois Cigarette Use Tax Audit Return | <input type="checkbox"/> TP-1A, Tobacco Products Tax Audit Return |
| <input type="checkbox"/> RG-1-A, Gas Revenue Tax Audit Report | |

Step 3: Explain the reason why you are filing a claim for credit.

Please turn page to complete Steps 4 and 5. 

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Step 4: Figure your overpayment.

Round your figures to whole dollars.

	Column A Amounts assessed in original audit	Column B Corrected amount
1 Tax or fee	1 _____	1 _____
2 Penalty	2 _____	2 _____
3 Interest	3 _____	3 _____
4 Add Lines 1, 2, and 3. This is the total amount due.	4 _____	4 _____
5 Amount paid on audit		5 _____
6 Subtract Line 5 from Line 4. This is the amount overpaid.		6 _____
7 Date audit paid ____/____/____		

Step 5: Sign below.

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

Taxpayer's signature

Title

Date

Mail the information to:

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19012
SPRINGFIELD IL 62794-9012