

Illinois Department of Revenue
DS-1-X Amended Dry-Cleaning Solvent Tax Return

REV 04 Form 164
 E S ____/____/____
 NS DP CA RC

Identify your business

Station no. 243

Do not write above this line.

Name _____

Account ID: _____

Address _____

License no.: **DS -** _____

Number and street

This return is for the quarter ending ____/____/____
 Month / Year

City _____ State _____ ZIP _____

Step 1: Correct your financial information - Figures as they should have been reported

1 Chlorine-based solvents:

- a Total gallons sold. **1a** _____
- b Total gallons sold tax-free to qualifying facilities. **1b** _____
- c Subtract Line 1b from Line 1a for net gallons sold subject to tax. **1c** _____
- d Multiply Line 1c by \$10.00 for your tax on chlorine-based solvents. **1d** \$ _____

2 Petroleum-based solvents:

- a Total gallons sold. **2a** _____
- b Total gallons sold tax-free to qualifying facilities. **2b** _____
- c Subtract Line 2b from Line 2a for net gallons sold subject to tax. **2c** _____
- d Multiply Line 2c by \$2.00 for your tax on petroleum-based solvents. **2d** \$ _____

3 Green solvents sold that are not for use in virgin facilities:

- a Total gallons sold. **3a** _____
- b Total gallons sold tax-free to qualifying facilities. **3b** _____
- c Subtract Line 3b from Line 3a for net gallons sold subject to tax. **3c** _____
- d Multiply Line 3c by \$1.75 for your tax on these solvents. **3d** \$ _____

4 Green solvents sold for use in virgin facilities:

- a Total gallons sold. **4a** _____
- b Total gallons sold tax-free to qualifying facilities. **4b** _____
- c Subtract Line 4b from Line 4a for net gallons sold subject to tax. **4c** _____
- d Multiply Line 4c by \$0.35 for your tax on these solvents. **4d** \$ _____

Step 2: Figure your tax on purchases of dry-cleaning solvents

- 5 Total gallons of **chlorine-based** solvents purchased from an unregistered out-of-state supplier. **5** _____
- 6 Multiply Line 5 by \$10.00 for your tax on chlorine-based solvents. **6** \$ _____
- 7 Total gallons of **petroleum-based** solvents purchased from an unregistered out-of-state supplier. **7** _____
- 8 Multiply Line 7 by \$2.00 for your tax on petroleum-based solvents. **8** \$ _____
- 9 Total gallons of **green** solvents purchased from an unregistered out-of-state supplier and which are **not** for use in a virgin facility. **9** _____
- 10 Multiply Line 9 by \$1.75 for your tax on these solvents. **10** \$ _____
- 11 Total gallons of **green** solvents purchased from an unregistered out-of-state supplier for use in a virgin facility. **11** _____
- 12 Multiply Line 11 by \$0.35 for your tax on these solvents. **12** \$ _____

Step 3: Figure your amount due

- 13 Add Lines 1d, 2d, 3d, 4d, 6, 8, 10, and 12. **13** \$ _____
 - 14 Figure your discount. **14** \$ _____
 - 15 Subtract Line 14 from Line 13. This is your total tax due. **15** \$ _____
 - 16 Credit you wish to apply. **16** \$ _____
 - 17 Subtract Line 16 from Line 15. This is your net tax due. **17** \$ _____
 - 18 Total amount you paid for this reporting period. **18** \$ _____
 - 19 If Line 18 is **greater than** Line 17, subtract Line 17 from Line 18. This is the amount you have **overpaid**. **19** \$ _____
 - 20 If Line 18 is **less than** Line 17, subtract Line 18 from Line 17. This is the amount you have **underpaid**. **20** \$ _____
- Pay this amount. Make your check payable to "Illinois Department of Revenue."



Step 4: Check the reason you are filing this amended return

- I paid tax on receipts in error because the solvents were sold
 - to an Illinois business for resale. License no. is **DS -** _____.
 - to an out-of-state customer (interstate commerce sale) and the solvent was delivered outside of Illinois.
 - to an exempt organization. Tax exempt no.: E- _____
 - and exempt from tax. Explain: _____
 - and returned by the customer.
- I made a computation error.
- The original License no. was incorrect. The incorrect License no. is **DS -** _____.
- The original reporting period was incorrect. The incorrect reporting period is _____.
- Other. Please explain. _____

Step 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.

Taxpayer's signature _____ Telephone _____ Date _____

Tax preparer's signature _____ Telephone _____

DS-1-X front (R-10/12)

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.