



Step 1: Identify yourself

Your name _____
Number and street _____
City, State, ZIP _____

Daytime phone number (____) _____ - _____
Social Security number _____ - _____ - _____
OR
FEIN _____ - _____

Step 2: Figure the Illinois Use Tax

(Please round figures to whole dollars.)

- 1 Write the date of your last purchase of general merchandise
If you are filing on an annual basis, write the year only. Otherwise, write the entire date. ____/____/____
Month Day Year
- 1a Write the total cost of general merchandise you purchased outside of Illinois to use in Illinois. 1a _____ | _____
- 1b Multiply Line 1a by 6.25% (.0625). 1b _____ | _____
- 2a Write the total cost of qualifying food, drugs, medical appliances, and diabetic supplies, such as insulin and syringes, you purchased outside of Illinois to use in Illinois. 2a _____ | _____
- 2b Multiply Line 2a by 1% (.01). 2b _____ | _____
- 3 Add Lines 1b and 2b. **This is your use tax on purchases.** 3 _____ | _____
- 4 Write the amount of sales tax you paid to another state (not to another country) on the items included on Lines 1a and 2a. 4 _____ | _____

Step 3: Figure the total amount you owe

(Please round figures to whole dollars.)

- 5 Compare Line 3 and Line 4. If Line 4 is equal to or greater than Line 3, you do not owe use tax. If Line 3 is greater than Line 4, subtract Line 4 from Line 3.
This is the total amount you owe. → 5 _____ | _____

Step 4: 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.

Your signature _____

Date _____



- **DO NOT** attach your check OR this form to any other return.
- **MAKE** your check payable to the “Illinois Department of Revenue.”
- **MAIL** all other forms separately.
- **WRITE** “ST-44” on your check and attach it to this form (ST-44).
- **MAIL** this form (ST-44) to: **ILLINOIS DEPARTMENT OF REVENUE
RETAILERS’ OCCUPATION TAX
SPRINGFIELD, IL 62776-0001**

