

Identify your business

Station 254 Do not write above this line.

Account ID: _____

Liability period ____/____/____
 Month Year

FEIN: _____
 Federal Employer Identification number

Check here if your address has changed.

License no.: E A - _____

Is this a final (you are no longer in business) return? yes no

Name: _____

Address: _____
 Number and street

City State ZIP

Step 1: Figure your assistance charges due

	Total number of accounts	Energy Assistance Charge	Renewable Energy Charge
1 Total number of accounts to which you delivered residential electric service and from which you collected the assistance charges during this liability period.	1 _____		
2 Multiply Line 1 by the applicable rate. See instructions.		2 _____ ____	
3 Multiply Line 1 by \$0.05.			3 _____ ____
4 Total number of accounts <ul style="list-style-type: none"> to which you delivered nonresidential electric service and which had less than 10 megawatts of peak demand during the previous calendar year, and from which you collected the assistance charges. 	4 _____		
5 Multiply Line 4 by the applicable rate. See instructions.		5 _____ ____	
6 Multiply Line 4 by \$0.50.			6 _____ ____
7 Total number of accounts <ul style="list-style-type: none"> to which you delivered nonresidential electric service and which had 10 megawatts or more of peak demand during the previous calendar year, and from which you collected the assistance charges. 	7 _____		
8 Multiply Line 7 by the applicable rate. See instructions.		8 _____ ____	
9 Multiply Line 7 by \$37.50.			9 _____ ____
10 Energy Assistance Charge - Add Lines 2, 5, and 8.			10 _____ ____
10a Arrearage Reduction Program subtraction			10a _____ ____
10b PIPP Program Administrative & Operation Expense Subtraction			10b _____ ____
10c Add Lines 10a and 10b, and subtract from Line 10. This amount is your total Energy Assistance Charge due.			10c _____ ____
11 Add Lines 3, 6, and 9. This amount is your total Renewable Energy Charge due.			11 _____ ____
12 Enter the total number of kilowatt-hours of energy you delivered to retail customers for which you collected the Energy Transition Assistance Charge during the liability period.			12 _____ ____
13 Multiply Line 12 by the applicable rate. See instructions. This amount is your total Energy Transition Assistance Charge due.			13 _____ ____
14 Add Lines 10c, 11, and 13. This amount is the total assistance charges due.			14 _____ ____
15 Total amount you paid for this reporting period.			15 _____ ____
16 If Line 15 is greater than Line 14 — Subtract Line 14 from Line 15 for your overpayment.			16 _____ ____
17 If Line 15 is less than Line 14 — Subtract Line 15 from Line 14 for your underpayment.			17 _____ ____

Pay this amount, and make your payment to "Illinois Department of Revenue."

Continue to page 2 to complete Steps 2 and 3.

You can file Form RPU-6-X electronically using MyTax Illinois at tax.illinois.gov.



Step 2: Check the reason you are filing this amended return

- I made a computation error that resulted in an overpayment of tax.
- If you checked this box, did you collect the overpaid tax from your customer? yes no
 - If you checked "yes," did you unconditionally refund the overpaid tax? yes no
- I made a computation error that resulted in underpayment of tax.
- I should have taken a deduction for _____
- The original License no. was incorrect. The incorrect License no. is **EA** - ____ _ .
- The original reporting period was incorrect. The incorrect reporting period is _____.
- Other. Please explain. _____
-

Step 3: 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 and title (state if individual owner, member of firm, or corporate officer title) Title: _____ (____)____ - _____ / ____ / ____
Telephone number (include area code) Date

Preparer's signature and name of the firm or employer (if applicable) Firm: _____ (____)____ - _____ / ____ / ____
Telephone number (include area code) Date

Step 4: Mail your return

Mail your completed Form RPU-6-X and payment to:

Assistance Charges, Illinois Department of Revenue, PO Box 19019, Springfield IL 62794-9019

