



# RT-12 Request for Determination of Proper Tax Jurisdiction

## Step 1: Read this first

If you believe you are improperly being charged the Simplified Municipal Telecommunication Tax because your service address is assigned to the wrong taxing jurisdiction, you must **first** file a written complaint with your telecommunications service provider. If you disagree with your service provider's response to your written complaint, complete Form RT-12 to request determination of proper tax jurisdiction by the Illinois Department of Revenue.

## Step 2: Identify yourself

Name: \_\_\_\_\_ Telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(as it appears on your telecommunications billing statement)

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
(as it appears on your telecommunications billing statement)

Your telecommunication account number (if different from your telephone number listed above): \_\_\_\_\_

## Step 3: Identify where your telecommunications service is provided

Address: \_\_\_\_\_ County: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

## Step 4: Identify your telecommunications service provider

Name: \_\_\_\_\_ Telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Number and street

## Step 5: Provide information from your written complaint

- 1 Did you file a written complaint with your telecommunications service provider? \_\_\_yes \_\_\_no
  - If you checked "no," you must first file a written complaint with your telecommunications service provider. If, after you receive a response from the telecommunications service provider, you disagree with the response, you may then file Form RT-12.
  - If you checked "yes," and you disagree with the telecommunications service provider's response, complete the following information regarding your complaint.
- 2 Date you submitted your written complaint to your service provider: \_\_\_/\_\_\_/\_\_\_\_\_
- 3 Date you received a response to your written complaint: \_\_\_/\_\_\_/\_\_\_\_\_
- 4 Estimated tax you overpaid: \$\_\_\_\_\_.
- 5 Beginning month and year for which the overpayment applies: \_\_\_/\_\_\_\_\_
- 6 Taxing jurisdiction assigned to you by your telecommunications service provider: \_\_\_\_\_
- 7 Any other information you included in your complaint to your telecommunications service provider:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Mail to:



LOCAL TAX ALLOCATION DIVISION  
ILLINOIS DEPARTMENT OF REVENUE  
101 WEST JEFFERSON MC 3-500  
SPRINGFIELD IL 62702

