Use your mouse or Tab key to move through the fields. Use your mouse or space bar to enable check boxes.

Illinois Department of Revenue

RT-2 Telecommunications Tax Return

REV 03 Form 165
E S ___/___/___
NS DP CA
Do not write above this line.

Identify your business

Station no. 052

Account ID: _____ **Reporting Period:** _____

License no.: T - _____

Taxpayer's name: _____

Business name: _____

Mailing address: _____

_____

Step 1: Figure your net gross charges subject to tax

1	Gross charges (see instructions) billed during the period for which you are filing this return		1
2	Total amount you received on credit previously extended during the period for which you are filing this return		2
3	**Add Lines 1 and 2.** This amount is your gross charges subject to tax.		3
4	Deductions		
a	Gross charges billed to the federal government	4a	
b	Gross charges billed to the state of Illinois	4b	
c	Tax-free sales billed to resellers	4c	
d	Other. Explain: _____	4d	
5	**Add Lines 4a through 4d.** This amount is your total deduction.		5
6	**Subtract Line 5 from Line 3.** This amount is your net gross charges subject to tax.		6

Step 2: Figure your tax due

7a	Amount of Line 6 subject to the current state and municipal tax rate	7a
7b	**Multiply Line 7a by the current state and municipal rate**. See instructions.	7b
8a	Amount of Line 6 subject to tax at rates other than the current rates	8a
8b	Tax due at rates other than the current tax rates	8b
9	**Add Line 7b and Line 8b.** This is your total tax due.	9
10	Credit for tax you paid to other states or to telecommunication retailers (See instructions.)	10
11	**Subtract Line 10 from Line 9.** This is the total Telecommunications Excise Tax due.	11
12	If you file this return and pay the amount due by the due date, multiply Line 11 by 1% (.01).	12
13	**Subtract Line 12 from Line 11.** This is your tax due after the discount.	13
14	If you pay on a quarter-monthly basis, enter the amount you paid.	14
15	If Line 14 is greater than Line 13, **subtract Line 13 from Line 14** to calculate your overpayment.	15
16	If Line 14 is less than Line 13, **subtract Line 14 from Line 13** to calculate your tax due.	16
17	Total credit you wish to apply	17
18	**Subtract Line 17 from Line 16. Pay this amount.** Make your payment to **"Illinois Department of Revenue."**	18
19	Enter the amount of 9-8-8 surcharge included in the total tax due. (See Instructions).	19

Step 3: Sign below

Under penalties of perjury, I state that I have examined this return, all accompanying schedules, and, to the best of my knowledge, it is true, correct, and complete.

_____ Title: _____ _____ _____
Owner or officer's signature and title (state if individual owner, member of firm, or corporate officer title) Telephone number (include area code) Date

_____ Title: _____ _____ _____
Preparer's signature and title (state if individual owner, member of firm, or corporate officer title) Telephone number (include area code) Date

Mail Form RT-2 and payment to Telecommunications Tax, Illinois Department of Revenue, PO Box 19019, Springfield IL 62794-9019.

Note: You can file Form RT-2 and make your payment electronically using MyTax Illinois at **mytax.illinois.gov.**

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.

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