

 **Illinois Department of Revenue**  
**RWS-1-X Amended Water and Sewer Assistance Charge Return**

REV 01  
 E S \_\_\_/\_\_\_/\_\_\_  
 NS DP CA

Do not write above this line.

**Identify your business**

Account ID: \_\_\_\_\_

Liability period \_\_\_/\_\_\_/\_\_\_  
 Month Year

FEIN: \_\_\_\_\_  
 Federal Employer Identification number

Check here if your address has changed.

License no.: W S - \_\_\_\_\_

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	Assistance Charge
1 Total number of accounts to which you provided residential water service and from which you collected the full amount of the assistance charges during this liability period.	1 _____	
2 Multiply Line 1 by the applicable rate. See instructions.		2 \$ _____
3 Total number of accounts to which you provided nonresidential water service and from which you collected the full amount of the assistance charges during this liability period.	3 _____	
4 Multiply Line 3 by the applicable rate. See instructions.		4 \$ _____
5 Total number of accounts to which you provided residential sewer service and from which you collected the full amount of the assistance charges during this liability period.	5 _____	
6 Multiply Line 5 by the applicable rate. See instructions.		6 \$ _____
7 Total number of accounts to which you provided nonresidential sewer service and from which you collected the full amount of the assistance charges during this liability period.	7 _____	
8 Multiply Line 7 by the applicable rate. See instructions.		8 \$ _____
9 Add Lines 2, 4, 6, and 8. This is your total water and sewer assistance charge from accounts that paid the charge in full.		9 \$ _____
10 Enter the total amount of water and sewer assistance charges collected from accounts that have not paid the charge in full.		10 \$ _____
11 Add Lines 9 and 10. This is your total water and sewer assistance charge.		11 \$ _____
12 Enter the amount of your overpayment credit. See instructions.		12 \$ _____
13 Subtract Line 12 from Line 11. This is your water and sewer assistance charge due.		13 \$ _____
14 Enter the total amount you have paid for this reporting period.		14 \$ _____
15 If Line 14 is greater than Line 13, subtract Line 13 from Line 14. This is your overpayment.		15 \$ _____
16 If Line 14 is less than Line 13, subtract Line 14 from Line 13. This is your underpayment. Make your payment to "Illinois Department of Revenue."		16 \$ _____

**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

**Step 2 continued on Page 2.**

You can file Form RWS-1-X electronically using MyTax Illinois at [tax.illinois.gov](http://tax.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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## Step 2 (continued)

- I made a computation error that resulted in an underpayment of tax.
  - I should have taken a deduction for \_\_\_\_\_
  - The original License no. was incorrect. The incorrect License no. is **WS** - \_\_\_\_ - \_\_\_\_ - \_\_\_\_.
  - 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

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## Step 4: Mail your return

Mail your completed Form RWS-1-X and payment to:

**ASSISTANCE CHARGES  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19013  
SPRINGFIELD IL 62794-9013**