

To pay the amount you owe on your IL-1023-C-X, Amended Composite Income and Replacement Tax Return, complete the IL-1023-C-X-V at the bottom of this page and attach it, along with your payment, to your amended return, and mail them to the address on the voucher.

IL-102	epartment of Revenue 23-C-X-V (R-12/12) ID: 110 Mail to: Illinois Department	Payment Voucher for Amended Composite Income and Replacement Tax nt of Revenue, P.O. Box 19016, Springfield, IL 62794-9016			>€ 2012	
	STOP If r	no payment is di	ue, do not file th	nis form.		
FEIN:			SEQ: <u>666</u>	Tax year ending		
Name:				Month	Year	
C/O:				\$	•	
Mailing address:				WRITE YOUR	ment amount on this line. FEIN ON YOUR CHECK ucher with check or money	
City:		State:	ZIP:	order payable	to "Illinois Department of	
Preparer's Phone Number:				Revenue."		