



# EDA-98 Claim for Credit (audited periods only)

## (Sales and Related Taxes, Fees, and E911 Surcharge)

### Read this information first.

- Complete this form only if you have overpaid audited periods for sales and related taxes, fees and E911 Surcharge. For a list of reports covered by this form, see Step 2.
- Please attach the audit report along with copies of any pertinent information involving this claim to this form. If you are a multiple-site filer, complete and attach a copy of Form EDA-117, Multiple Location Schedule. If you are filing a claim for credit against the E911 Surcharge, you must complete Form EDA-117-B, Multiple Location Schedule for E911 Surcharge.

### Step 1: Identify your business.

- 1 Account ID: \_\_\_\_\_
- 2 Audit period you are filing the claim on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year
- 3 Business name \_\_\_\_\_
- 4 Mailing address \_\_\_\_\_  
Street address City State ZIP
- 5 Daytime telephone number (\_\_\_\_\_) \_\_\_\_\_

### Step 2: Mark the tax type for this claim for credit. (Check only one type per claim form.)

- |   |   |
|---|---|
| <input type="checkbox"/> EDA-94, Auditor-prepared Use Tax Report (ST-44)                                | <input type="checkbox"/> EDA-105-CS, Chicago Soft Drink Audit Report    |
| <input type="checkbox"/> EDA-95, Auditor-prepared Vehicle Use Tax Transaction Report (RUT-25)           | <input type="checkbox"/> EDA-105-M, MPEA Audit Report                   |
| <input type="checkbox"/> EDA-95-LSE, Auditor-prepared Use Tax Report for Lease Transactons (RUT-25-LSE) | <input type="checkbox"/> EDA-105-P, PST Audit Report                    |
| <input type="checkbox"/> EDA-101, County Motor Fuel Tax Audit Report                                    | <input type="checkbox"/> EDA-105-R, ROT and E911 Surcharge Audit Report |
| <input type="checkbox"/> EDA-105-A, ART Audit Report  | <input type="checkbox"/> EDA-105-T, Tire User Fee Audit Report          |
|   | <input type="checkbox"/> EDA-556, Sales Tax Transaction Audit Report    |

### Step 3: Mark the reason or reasons why you are filing a claim for credit.

- 1  I should not have paid either the tax, fee, or surcharge on the original audit report because I sold merchandise or prepaid wireless telecommunications service to and/or purchased items from
  - another Illinois business for resale. Write the business' account ID \_\_\_\_\_.
  - an out-of-state customer in a sale in interstate commerce. The merchandise was delivered to a location outside Illinois.
  - an exempt organization. Write the tax-exempt no. E - \_\_\_\_\_.
- 2  I should not have paid either the tax, fee, or surcharge on the original audit report because I sold or purchased items or prepaid wireless telecommunications service that
  - qualified for an exemption.
  - my customer paid tax on his or her audit.
  - were exempt for another reason. Please explain.  
\_\_\_\_\_  
\_\_\_\_\_
- 3  Other. Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please turn page to complete Steps 4 and 5.



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 4: Figure your overpayment.

Round your figures to whole dollars.

|   | Column A<br>Amounts assessed in<br>original audit | Column B<br>Corrected amounts |
|---|---|-------------------------------|
| <b>1</b> Tax or fee<br>(EDA-101, EDA-105-A, EDA-105-CS, EDA-105-M,<br>EDA-105-P, EDA-105-R - sales tax only, EDA-105-T<br>or EDA-556) | <b>1</b> _____                                    | <b>1</b> _____                |
| <b>2</b> Use Tax<br>(EDA-105-R - use tax only, EDA-94, EDA-95, or<br>EDA-95-LSE)  | <b>2</b> _____                                    | <b>2</b> _____                |
| <b>3</b> E911 Surcharge<br>(EDA-105-R - E911 Surcharge only)  | <b>3</b> _____                                    | <b>3</b> _____                |
| <b>4</b> Penalty  | <b>4</b> _____                                    | <b>4</b> _____                |
| <b>5</b> Interest   | <b>5</b> _____                                    | <b>5</b> _____                |
| <b>6</b> Add Lines 1, 2, 3, 4 and 5. This the total<br>amount due.  | <b>6</b> _____                                    | <b>6</b> _____                |
| <b>7</b> Amount paid on audit   |   | <b>7</b> _____                |
| <b>8</b> Subtract Line 6 from Line 7. This is the amount overpaid.  |   | <b>8</b> _____                |
| <b>9</b> Date audit paid ____/____/____   |   |                               |

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## Step 5: Sign below.

Under penalties of perjury, I state that I have examined this claim for credit and, to the best of my knowledge, it is true, correct, and complete.

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Taxpayer's signature

Title

Date

Mail the information to:

ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19012  
SPRINGFIELD IL 62794-9012