



Illinois Department of Revenue

ST-2-X Amended Multiple Site Form

Attach to Form ST-1-X.

REV 001

FORM 010

Do not write above this line.

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

Business name: \_\_\_\_\_

Reporting period you are amending: \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_
Month Day Year Month Day Year

Write the figures that should have been filed. You must round your figures to whole dollars. Base (a) X rate = tax (b)

Site where taxable sales were made

Location code \_\_\_\_\_
Site name \_\_\_\_\_
Site address \_\_\_\_\_
City, state, ZIP \_\_\_\_\_

General merchandise
4a \_\_\_\_\_ X \_\_\_\_\_ (rate) = 4b \_\_\_\_\_
Food, drugs, and medical appliances
5a \_\_\_\_\_ X \_\_\_\_\_ (rate) = 5b \_\_\_\_\_
Receipts taxed at other rates
8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code \_\_\_\_\_
Site name \_\_\_\_\_
Site address \_\_\_\_\_
City, state, ZIP \_\_\_\_\_

General merchandise
4a \_\_\_\_\_ X \_\_\_\_\_ (rate) = 4b \_\_\_\_\_
Food, drugs, and medical appliances
5a \_\_\_\_\_ X \_\_\_\_\_ (rate) = 5b \_\_\_\_\_
Receipts taxed at other rates
8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code \_\_\_\_\_
Site name \_\_\_\_\_
Site address \_\_\_\_\_
City, state, ZIP \_\_\_\_\_

General merchandise
4a \_\_\_\_\_ X \_\_\_\_\_ (rate) = 4b \_\_\_\_\_
Food, drugs, and medical appliances
5a \_\_\_\_\_ X \_\_\_\_\_ (rate) = 5b \_\_\_\_\_
Receipts taxed at other rates
8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code \_\_\_\_\_
Site name \_\_\_\_\_
Site address \_\_\_\_\_
City, state, ZIP \_\_\_\_\_

General merchandise
4a \_\_\_\_\_ X \_\_\_\_\_ (rate) = 4b \_\_\_\_\_
Food, drugs, and medical appliances
5a \_\_\_\_\_ X \_\_\_\_\_ (rate) = 5b \_\_\_\_\_
Receipts taxed at other rates
8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code \_\_\_\_\_
Site name \_\_\_\_\_
Site address \_\_\_\_\_
City, state, ZIP \_\_\_\_\_

General merchandise
4a \_\_\_\_\_ X \_\_\_\_\_ (rate) = 4b \_\_\_\_\_
Food, drugs, and medical appliances
5a \_\_\_\_\_ X \_\_\_\_\_ (rate) = 5b \_\_\_\_\_
Receipts taxed at other rates
8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code \_\_\_\_\_
Site name \_\_\_\_\_
Site address \_\_\_\_\_
City, state, ZIP \_\_\_\_\_

General merchandise
4a \_\_\_\_\_ X \_\_\_\_\_ (rate) = 4b \_\_\_\_\_
Food, drugs, and medical appliances
5a \_\_\_\_\_ X \_\_\_\_\_ (rate) = 5b \_\_\_\_\_
Receipts taxed at other rates
8a \_\_\_\_\_ 8b \_\_\_\_\_



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.