



## Illinois Residency Verification Questionnaire, Page 2

8. How many days were you present in Illinois during the year? \_\_\_\_\_  
9. How many days were you present in your state of residency during the year? \_\_\_\_\_  
10. Did your employer change when ending your Illinois residency?

No  Yes

If **No**, did your assigned work location change when ending your Illinois residency?

No  Yes

11. Your occupation: \_\_\_\_\_ Your work address: \_\_\_\_\_

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I state that I have prepared this questionnaire, and to the best of my knowledge, it is true, correct, and complete.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Remember, intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.**

**Mail this completed questionnaire along with any information requested, and a copy of your Return Correction Notice, to the address listed below:**

**ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19084  
SPRINGFIELD IL 62794-9084**