

Illinois Department of Revenue

PTAX-1305 Senior Citizens Real Estate Tax Deferral Program Payment

Complete this form if you are the treasurer or a participant in the Senior Citizens Real Estate Tax Deferral Program and you are submitting a payment and requesting a lien release(s).

dentify th	he particip	ant		
Name:				
Address:				
Street				
City		State	Zip	
Property In	dex Number (P	PIN):		
Date paymo	ent received (p	ostmark date if	received via r	nail):
Tax Year(s)	Payment Appli	es To (If not pai	d in full, will ap	oply to the oldest first unless otherwise directed)
Name and	address the lie	n release(s) sh	ould be mailed	d (if different than above):
Name				
Street				
City		State	Zip	
or coun	ty treasure	ers only		
Did your co	ounty retain the	\$50 monthly tro	easurer's fee	from this payment?
☐ Yes	☐ No			