



# ETS-33 Application for Duplicate Credit Memorandum

## Section 1: For official use only

Name \_\_\_\_\_

Address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

### Original credit memo:

### Reissued credit memo:

License number \_\_\_\_\_

IL business tax (IBT) number \_\_\_\_\_ - \_\_\_\_\_

Original credit memo number \_\_\_\_\_

Reissued credit memo number \_\_\_\_\_

Date on original credit memo \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Date on reissued credit memo \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Original credit memo amount \$ \_\_\_\_\_

Reissued credit memo amount \$ \_\_\_\_\_

Do not write above this line.

## Section 2: Identify the requestor

Name of person or firm making this request \_\_\_\_\_  
Please print

Title (if corporation) \_\_\_\_\_

I state that the original credit memorandum shown above and issued by the Illinois Department of Revenue has been misplaced, lost, or destroyed, thereby preventing the use of all or part of the amount to pay any current or future taxes due the department.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section 3: Mail the form

Mail this completed form to:

MISCELLANEOUS TAXES DIVISION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19477  
SPRINGFIELD IL 62794-9477

If you have any questions, please call our Springfield office weekdays between 8 a.m. and 4:30 p.m. at 217 785-5851.