



ST-1-X Amended Sales and Use Tax Return

REV 03 FORM 003 Station 833

E S ____/____/____

NS DP CA RC

Read this information first

Do not write above this line.

Everyone must complete Parts 1, 2, and 5.

You must also complete

- Part 3 if you believe you have overpaid, and
- Part 4 if you are changing financial information.

Amount you are paying: \$ _____

Make your check payable to "Illinois Department of Revenue."

Part 1: Identify your business

1 IBT no. _____
Illinois business tax number

"X" **only** if your address is **different** from the address on your original return and complete item 4 below.

2 Amended tax period _____

4 Mailing address _____
Number and street

3 Business name _____

City _____ State _____ Zip _____

Part 2: Check the reason you are correcting your return

1 _____ I took a deduction on my original return that was not allowed or was too large.

3 _____ I put an amount on the wrong line on either Form ST-1 or Form ST-2.

2 _____ I am decreasing Line 1 **or** I am increasing Line 2 on my original return because I sold merchandise

4 _____ I overcollected sales tax from my customer.

a _____ to another Illinois business for resale.
(Business' IBT no. _____)

5 _____ I made a computational error on Lines 3 through 25 of my original return.

b _____ to an out-of-state customer, which was a sale in interstate commerce. The merchandise was delivered to a location outside Illinois.

6 _____ I paid a higher rate of tax on the sale of food, drugs, and medical appliances than I should have.

c _____ to an exempt organization.
(Tax-exempt no. **E-** _____)

7 _____ The original IBT number was incorrect. The correct IBT number is _____.

d _____ that qualified for a tax exemption such as machinery or equipment used in manufacturing, farming, or graphic arts.

8 _____ The original tax period was incorrect. The correct tax period is _____.

e _____ that qualified for an enterprise zone exemption.

f _____ that was returned by my customer.

g _____ that was exempt for another reason. Please explain.

9 _____ Other _____

Part 3: Answer the following questions if you believe you have overpaid

1 Did you collect the overpaid tax from your customer? _____ yes _____ no

2 If yes, did you unconditionally refund the overpaid tax? _____ yes _____ no

Please turn this page over to complete Parts 4 and 5.



Part 4: Correct your financial information

Complete this section only if you are changing financial information.
Please round to the nearest whole dollar.

Column A

Most recent figures filed

Column B

Figures as they should have been filed

Alcoholic Liquor Purchases

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered)

A _____ **A** _____

Taxable Receipts

- 1** Total receipts (include tax)
2 Deductions - Include tax collected (from worksheet in instructions)
3 Taxable receipts - Subtract Line 2 from Line 1.

1 _____ **1** _____
2 _____ **2** _____
3 _____ **3** _____

Tax on Receipts

Illinois Retailers and Servicepersons

- 4a** General merchandise tax base
4b General merchandise tax - Multiply Line 4a by your tax rate of _____.
5a Food, drugs, and medical appliances tax base
5b Food, drugs, and medical appliances tax - Multiply Line 5a by your tax rate of _____.

4a _____ **4a** _____
4b _____ **4b** _____
5a _____ **5a** _____
5b _____ **5b** _____

Out-of-state Retailers and Servicepersons

- 6a** General merchandise tax base
6b General merchandise tax - Multiply Line 6a by 6.25 percent (.0625).
7a Food, drugs, and medical appliances tax base
7b Food, drugs, and medical appliances tax - Multiply Line 7a by 1 percent (.01).

6a _____ **6a** _____
6b _____ **6b** _____
7a _____ **7a** _____
7b _____ **7b** _____

All Retailers and Servicepersons

- 8a** Receipts taxed at other rates
8b Receipts taxed at other rates - Multiply Line 8a by the appropriate tax rate of _____.
9 Tax due on receipts - Add Lines 4b, 5b, 6b, 7b, and 8b.

8a _____ **8a** _____
8b _____ **8b** _____
9 _____ **9** _____

Retailers' Discount and Net Tax Due

- 10** Discount - See instructions.
11 Net tax due on receipts - Subtract Line 10 from Line 9.

10 _____ **10** _____
11 _____ **11** _____

Tax on Purchases

- 12a** General merchandise tax base
12b General merchandise tax - Multiply Line 12a by 6.25 percent (.0625).
13a Food, drugs, and medical appliances tax base
13b Food, drugs, and medical appliances tax - Multiply Line 13a by 1 percent (.01).
14a Purchases taxed at other rates
14b Receipts taxed at other rates - Multiply Line 14a by the appropriate tax rate of _____.
15 Tax due on purchases - Add Lines 12b, 13b, and 14b.

12a _____ **12a** _____
12b _____ **12b** _____
13a _____ **13a** _____
13b _____ **13b** _____
14a _____ **14a** _____
14b _____ **14b** _____
15 _____ **15** _____

Net Tax Due

- 16** Total tax from receipts and purchases - Add Lines 11 and 15.
16a Manufacturer's Purchase Credit - See instructions.
17 Prepaid sales tax - See instructions.
18 Quarter-monthly payments
19 Prior overpayments
20 Total prepayments - Add Lines 16a, 17, 18, and 19.
21 Net tax due - Subtract Line 20 from Line 16.

16 _____ **16** _____
16a _____ **16a** _____
17 _____ **17** _____
18 _____ **18** _____
19 _____ **19** _____
20 _____ **20** _____
21 _____ **21** _____

Payment Due

- 22** Excess tax collected
23 Total tax due - Add Lines 21 and 22.
24 Credit memorandum
25 Subtract Line 24 from Line 23. This is the net total due.
26 Write the total amount you have paid.
Compare Line 25, Column B, and Line 26.
• If Line 26 is **greater than** Line 25, Column B, write the difference on Line 27.
• If Line 26 is **less than** Line 25, Column B, write the difference on Line 28.
27 Overpayment - This is the amount you have overpaid. Go to Part 5 and sign this return.
28 Underpayment - This is the amount you have underpaid. Please pay this amount.
Go to Part 5 and sign this return.
Make your check payable to "Illinois Department of Revenue."

22 _____ **22** _____
23 _____ **23** _____
24 _____ **24** _____
25 _____ **25** _____
26 _____ **26** _____
27 _____ **27** _____
28 _____ **28** _____

Part 5: Sign below

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

Owner, partner, or officer's signature _____ Title _____ Phone _____ Date _____

Preparer's signature _____ Title _____ Phone _____ Date _____

Mail to: ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19034
SPRINGFIELD IL 62794-9034



Please write the amount you are paying on the line provided in the "Read this information first" section on the front of this return.