Example of IDOR-50-L-1D, Tax Location Verification

Taxpayer Notification
Tax Location Verification

STATE OF Illinois
DEPARTMENT OF REVENUE
tax.illinois.gov

<Date:>

<LOCAL GOVERNMENT NAME>   **Letter ID:**
<ADDRESS>
<ADDRESS>
<CITY STATE ZIP>   **Location Code:**

Please update your allocation information.

We have received conflicting information regarding the taxing jurisdiction for the business listed on the following page. We have also listed the local government(s) we are contacting because either the business' location has been claimed by multiple local governments or it has not been claimed by any local government. Please consult with each other to determine the correct jurisdiction. Confirmation of a business' location is necessary to ensure proper allocation of Illinois sales tax revenue. No local tax dollars can be disbursed until this issue is resolved.

You must return this letter to us within 20 days from the date of this letter regardless of whether you make any corrections.

If we may assist you, write to us at the address below or call us weekdays between 8:00 a.m. and 4:30 p.m. at the telephone number below.

CENTRAL REGISTRATION DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19030
SPRINGFIELD IL 62794-9030

217 785-3707

217 524-0526 fax

IDOR-50-L-1D (R-02/13)

Retailer Verification by Local Governments

Example of IDOR-50-L-1D, Tax Location Verification

Letter ID:

Please contact the following local government(s) to resolve this jurisdiction issue.
A signed notation at the bottom of this letter is sufficient.

<CITY OR COUNTY CLERK>
<ADDRESS>
<CITY STATE ZIP>

<CITY OR COUNTY CLERK>
<ADDRESS>
<CITY STATE ZIP>

<CITY OR COUNTY CLERK>
<ADDRESS>
<CITY STATE ZIP>

Listed below are the businesses that require jurisdiction determination:

Account ID:
DBA: <BUSINESS NAME>
<ADDRESS>
<CITY STATE ZIP>

Is this address within your corporate limits? ☐ Yes ☐ No

If "No," provide the correct taxing jurisdiction:

Account ID:
DBA: <BUSINESS NAME>
<ADDRESS>
<CITY STATE ZIP>

Is this address within your corporate limits? ☐ Yes ☐ No

If "No," provide the correct taxing jurisdiction:

Account ID:
DBA: <BUSINESS NAME>
<ADDRESS>
<CITY STATE ZIP>

Is this address within your corporate limits? ☐ Yes ☐ No

If "No," provide the correct taxing jurisdiction:

Signature of person responding: _____ *Date:* ___/___/_____

DOR-50-L-1D (R-02/13)