

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

Retailer Verification by Local Governments

Taxpayer Notification

Tax Location Verification



<LOCAL GOVERNMENT NAME>
<ADDRESS>
<ADDRESS>
<CITY STATE ZIP>

<Date:>

Letter ID:

Location Code:

PIN:

Please update your allocation information.

Each **month** we update the jurisdiction information for all businesses throughout the state of Illinois, including any changes to registration information (*i.e.*, adding a tax responsibility). Because there has been activity within your jurisdiction during this period, we have attached a detailed list for your review. Your verification ensures that your taxing jurisdiction receives proper allocation of tax revenue.

We encourage you to verify this information on-line at **tax.illinois.gov** using our Tax Location Verification application. To access your information, you must use your location code and Personal Identification Number (PIN) which is printed in the upper right corner of this letter. If you encounter problems with your PIN, contact us at the telephone number listed below.

You must respond to this letter and return the completed list 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

ENCLOSURE(S)

Retailer Verification by Local Governments

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

Illinois Department of Revenue New, Reinstated or Registration Changes

Letter ID:

<Date>

Location Code:

Jurisdiction:

Please verify the following information and provide any missing or corrected information.

Use the comment area for any information that may assist us in determining a correct taxing jurisdiction.

Please identify a contact: Name: _____ Telephone: (____)____-_____

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

Seq no.: DBA: County:

Is this address within your corporate limits? Yes No If **NO** provide the correct taxing jurisdiction.

Comments/correct jurisdiction: _____

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

Seq no.: DBA: County:

Is this address within your corporate limits? Yes No If **NO** provide the correct taxing jurisdiction.

Comments/correct jurisdiction: _____

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

Seq no.: DBA: County:

Is this address within your corporate limits? Yes No If **NO** provide the correct taxing jurisdiction.

Comments/correct jurisdiction: _____

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

Retailer Verification by Local Governments

Illinois Department of Revenue

Discontinued Business

Letter ID:

<Date>

Location Code:

Jurisdiction:

Please verify the following information and provide any missing or corrected information.

Use the comment area for any information that may assist us in determining a correct taxing jurisdiction.

Please identify a contact: Name: _____ Telephone: (____)____-_____

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

Seq no.: DBA: County:

Comments/correct jurisdiction: _____

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

Seq no.: DBA: County:

Comments/correct jurisdiction: _____

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

Seq no.: DBA: County:

Comments/correct jurisdiction: _____