



Illinois Department of Revenue

### Authorization to Release Sales Tax Information to Local Governments

The undersigned Taxpayer hereby authorizes the Illinois Department of Revenue ("IDOR") to disclose to the designated city, town, village or county the amount of the local government's share of sales tax received from the taxpayer for the reporting period beginning with tax collected by the department in

\_\_\_\_\_, \_\_\_\_\_ and ending with tax collected by the department in  
(Beginning Month/Year)

\_\_\_\_\_, \_\_\_\_\_  
(Ending Month/Year)

This information is to be released to the village, city, town or county of \_\_\_\_\_,  
attn: Clerk, Treasurer, Finance Officer, Comptroller, etc.

### BUSINESS INFORMATION:

\_\_\_\_\_  
(Illinois Business Tax Number)

\_\_\_\_\_  
(Taxpayer/Business Name)

\_\_\_\_\_  
**(Address) –Actual address of retail location**

\_\_\_\_\_  
(City, Town, Village or County)

### TAXPAYER: The undersigned is an owner/authorized officer of this business.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Telephone Number)

### Return form to:

Illinois Department of Revenue  
Local Tax Allocation Division 3-500  
PO Box 19014  
Springfield, IL 62794-9014  
Phone 217 785-6518  
Fax 217 524-0526

**Note: All requests must have a beginning and ending date. Incomplete requests will be returned to the local government.**