



Step 1: Complete the following information

Name

Street address

City State ZIP

(_____) _____
Phone

1 Is the information on your preprinted label correct? Yes No
If no, cross through it and write the correct information here.

2 Write the name and telephone number of the person we should contact for additional information. (If different than label.)

_____ (_____) _____
Name Phone

3 Write the assessment year. _____

4 Write the principal nature of your business.

5 a Is your facility still in use? Yes No

b If no, do you wish to revoke your certification? Yes No

6 a Do you have a federal employer identification number (FEIN)? Yes No

b If yes, write your FEIN. _____ - _____
Federal employer identification number (FEIN)

c If no, write your SSN. _____ - _____ - _____
Social Security number (SSN)

7 a Do you have an Illinois business tax number (IBT)? Yes No

b If yes, write your IBT. _____ - _____
Illinois business tax number (IBT)

Step 2: Identify the pollution control facility

1 Check the box that identifies the type of pollution control facility.

1a Air pollution
1b Water pollution
1c Low-sulfur dioxide emission coal-fueled device

2 Write the number written on the facility's Illinois EPA certification. **2** _____

3 Write the three-digit classification number of the pollution control facility. (See instructions.) **3** _____

4 Write the complete description of the pollution control facility written on the Illinois EPA certification.

5 Write the location of the pollution control facility.

Street address

City State ZIP

Township

County

6 Write that location's property index number (PIN). **6** _____



Step 3: Complete the assessment information

- 1 Write the month and year that the facility was placed into use. 1 / / /
Month Year
- 2 Write the estimated remaining useful life of the facility. (See instructions.) 2 _____ years
- 3 Write the original cost of the certified portion of the facility as of the date placed into use. 3 \$ _____
- 4 If any portion of the facility was assessed as personal property before January 1, 1979, write the original cost of the certified portion of the facility as of January 1, 1978. 4 \$ _____
- 5 Subtract Line 4 from Line 3. 5 \$ _____
- 6 Write the total original cost of all additions and improvements made to the certified portion of the facility from the date placed into use through January 1 of this assessment year. 6 \$ _____
- 7 Add Lines 5 and 6. 7 \$ _____
- 8 Write the total original cost of all certified portions of the facility that have been retired or removed from use through January 1 of this assessment year. 8 \$ _____
- 9 Subtract Line 8 from Line 7. 9 \$ _____
- 10 Write the net earnings attributable to the certified portion of the facility. 10 \$ _____
- 11 Does the operation of the facility produce a byproduct that can be commercially sold? 11 Yes No
If you answered yes, please explain: _____
- 12 Does the operation of the facility result in increased production or reduced production cost? 12 Yes No
If you answered yes, please explain: _____

Step 4: Complete the following information

- 1 Have there been any changes in the use of the facility within the previous assessment year? 1 Yes No
If you answered yes, please explain: _____
- 2 a Have there been any additions or improvements made to the certified portion of the facility within the previous assessment year? 2a Yes No
If you answered yes, complete the following.
- b Write the original cost of the addition or improvement. 2b \$ _____
- c Write the date placed into use. 2c / / /
Month Year
- d Check the classification of the addition or improvement. 2d Real Personal
Describe the addition or improvement: _____
- 3 a Has any part of the certified portion of the facility been retired or removed from use within the previous assessment year? 3a Yes No
If you answered yes, complete the following.
- b Write the original cost of the retired or removed portion. 3b \$ _____
- c Write the date retired or removed from use. 3c / / /
Month Year

Step 5: Sign below

I state that, to the best of my knowledge, the information contained in this return is true, correct, and complete.

_____/_____/_____
Pollution control facility owner's or authorized representative's signature Date

Print the pollution control facility owner's or authorized representative's name and title



Mail this return to:

Local Government Services Bureau, Illinois Department of Revenue, P.O. Box 19033, Springfield, IL 62794-9033