



Illinois Department of Revenue

Authorization to Release Sales Tax Information to Local Governments

General Information

Complete this form *only* if you

- make retail sales of tangible personal property from a permanent location in Illinois or conduct a tent sale where you complete ST-556 forms for individual transactions; and
- want to authorize us (Illinois Department of Revenue) to disclose to your local government its share of sales tax received from your business.

Incomplete requests will be returned to the local government.

Step 1: Provide the retail business details

1 _____
 Illinois Account ID number (Sales Tax number)

← Enter your Illinois Account ID here, **not** your Federal Employer Identification Number (FEIN).

2 _____
 Taxpayer/business name

_____ **IL** _____
 Address (actual address of retail location) City County State Zip

3 I authorize this release for the reporting periods _____ through _____
 (month, year) (month, year)

Note: All requests must have a beginning and ending date.

4 This information is to be released to the (circle one) village, city, town or county of _____.

Note: All Financial Reporting requests will be mailed to the Treasurer of the local government. No additional copies will be sent by the Department.

5 Sign below

I, as the owner or authorized officer, authorize the Illinois Department of Revenue (IDOR) to disclose to the designated village, city, town, or county the amount of the local government's share of sales tax received from the taxpayer for the reporting period specified above.

 Signature of owner or authorized officer of the business Title

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 Print Name Telephone number

Step 2: Give this form to your local government designated to receive the tax information

Step 3: To be completed by the local government official receiving information

Type of request (circle one): group/district stand-alone

If group/district, enter name here: _____

I, as the local government official, verify that this form is accurate and complete.

_____ () -
 Signature of local government official Title Telephone number

_____ **IL** _____
 Address City State Zip

Completed forms should be returned to: Illinois Department of Revenue, Local Tax Allocation Division 3-500, PO Box 19014, Springfield, IL 62794-9014 or by fax to 217 524-0526

Questions? Call 217 785-6518

This form is authorized by the Retailers' Occupation Tax Act 35 ILCS 120/11. Disclosure of this information is VOLUNTARY. This form has been approved by the Forms Management Center. IL-492-4561