



RCOA-19 Coin-Operated Amusement Device Tax Decal Claim for Credit

Step 1: Identify your business

- 1 Name: _____
- 2 Mailing address: _____

- 3 Phone no.:(____)____-____
- 4 Account ID: _____
- 5 FEIN: _____ - _____
- 6 SSN: _____ - _____ - _____
- 7 COAD Tax ID: **AD** - _____

Step 2: Check the reason you are filing this claim

- 8 Receive credit for decals I want to transfer. Number of decals: _____
 8a Multiply the number of decals by \$30. Write that amount here and in Step 3, Line 17. **8a \$** _____
 8b Serial numbers: _____
- 9 Overpaid when ordering decals (Form RCOA-1).
- 10 Duplicate order.
- 11 Other. Provide a detailed explanation of your claim. Attach additional sheets if needed.

Step 3: Complete the following information

12 Year of the tax decal for which you are filing this claim: August 1, **20** to July 31, **20**

Note: If you completed Step 2, Line 8a, skip to Line 17 (total from Line 8a).

	Column A As Originally Filed	Column B Corrected Amounts
13 Number of tax decals you purchased.	13 _____	13 _____
14 Amount of tax you paid.	14 _____	14 _____
15 Amount of penalty you paid	15 _____	15 _____
16 Total amount. Add Lines 14 and 15.	16 _____	16 _____
17 Subtract Column B, Line 16 from Column A, Line 16. This is the amount of your credit.		17 _____

Step 4: Sign here - A claim will not be processed without a signature.

Under penalties of perjury, I state that I have examined this claim and that it is true, correct, and complete.

Signature _____ Date _____

Mail to: **SPRINGFIELD CASHIERING OPERATIONS SECTION**
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19018
SPRINGFIELD IL 62794-9018

For questions, call **217 785-6613** or **217 524-5409**

Official Use	
No	_____
Amt	_____
Apv	_____
Vrf	_____
DR	_____
Int D	_____



This form is authorized as outlined by the Coin-Operated Amusement Device and Redemption Machine Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.