



RT-12 Request for Determination of Proper Tax Jurisdiction

Step 1: Read this first

If you believe you are improperly being charged the Simplified Municipal Telecommunication Tax because your service address is assigned to the wrong taxing jurisdiction, you must **first** file a written complaint with your telecommunications service provider. If you disagree with your service provider's response to your written complaint, complete Form RT-12 to request determination of proper tax jurisdiction by the Illinois Department of Revenue.

Step 2: Identify yourself

Name: _____ Telephone number: (____) _____ - _____
(as it appears on your telecommunications billing statement)

Address: _____ City _____ State _____ ZIP _____
(as it appears on your telecommunications billing statement)

Your telecommunication account number (if different from your telephone number listed above): _____

Step 3: Identify where your telecommunications service is provided

Address: _____ County: _____

City, state, ZIP: _____

Step 4: Identify your telecommunications service provider

Name: _____ Telephone number: (____) _____ - _____

Address: _____ City _____ State _____ ZIP _____
Number and street

Step 5: Provide information from your written complaint

- Did you file a written complaint with your telecommunications service provider? ___yes ___no
 - If you checked "no," you must first file a written complaint with your telecommunications service provider. If, after you receive a response from the telecommunications service provider, you disagree with the response, you may then file Form RT-12.
 - If you checked "yes," and you disagree with the telecommunications service provider's response, complete the following information regarding your complaint.
- Date you submitted your written complaint to your service provider: ___/___/_____
- Date you received a response to your written complaint: ___/___/_____
- Estimated tax you overpaid: \$_____.
- Beginning month and year for which the overpayment applies: ___/____
- Taxing jurisdiction assigned to you by your telecommunications service provider: _____
- Any other information you included in your complaint to your telecommunications service provider:

Mail to:



LOCAL TAX ALLOCATION DIVISION
ILLINOIS DEPARTMENT OF REVENUE
101 WEST JEFFERSON MC 3-500
SPRINGFIELD IL 62702

