



RT-10-X Amended Telecommunications Infrastructure Maintenance Fee (TIMF) Return

Identify your business

Station no. 060

Do not write above this line.

Account ID: _____

License no.: **T I** - _____

Name: _____

Address: _____
Number and street

City _____ State _____ ZIP _____

Check the appropriate box and complete the information to indicate the fee period for which you are filing this return:

- Month** of ____/____/____
- Quarter** ending ____/____/____

Check here if your address has changed.

Is this a final return (you will no longer conduct business)?

- yes
- no



Step 1: Figure your TIMF due - Figures as they should have been filed

Net gross charges:

- 1** Gross charges (see instructions) billed during this liability period. **1** _____
 - 2** Amount you received during this liability period on credit previously extended. **2** _____
 - 3** **Add Lines 1 and 2.** This amount is your total gross charges. **3** _____
 - 4** Deductions:
 - a** Gross charges billed to the federal government **4a** _____
 - b** Gross charges billed for wireless telecommunications **4b** _____
 - c** Fee-free sales billed to resellers **4c** _____
 - d** Other. Explain: _____ **4d** _____
 - 5** **Add Lines 4a through 4d.** This amount is your total deduction. **5** _____
 - 6** **Subtract Line 5 from Line 3.** This amount is your net gross charges subject to the State TIMF. **6** _____
 - 7** **Multiply Line 6 by 0.5% (.005).** This is your State TIMF due. **7** _____
 - 8** If you file this return and pay the amount due by the due date, multiply Line 7 by 2% (.02). **8** _____
 - 9** **Subtract Line 8 from Line 7.** **9** _____
 - 10** Credit you wish to apply. **10** _____
 - 11** **Subtract Line 10 from Line 9.** This is your net fee due. **11** _____
 - 12** Total amount you have paid for this reporting period. **12** _____
 - 13** If Line 12 is greater than Line 11, figure your overpayment by **subtracting Line 11 from Line 12.** **13** _____
 - 14** If Line 12 is less than Line 11, figure your underpayment by **subtracting Line 12 from Line 11.** **14** _____
- Pay this amount. Make your check payable to "Illinois Department of Revenue."

Step 2: Check the reason you are filing this amended return

- I received a Notice of Possible Overpayment or made a computation error that resulted in an overpayment of the fee.
 - If you checked this box, did you collect the overpaid fee from your customer? yes no
 - If you checked "yes," did you unconditionally refund the overpaid fee? yes no
- I made a computation error that resulted in underpayment of the fee.
- I made an error on a schedule or attachment.
- I should have taken a deduction for _____
- The original License no. was incorrect. The incorrect License no. is **TI** - _____.
- The original reporting period was incorrect. The incorrect reporting period is _____.
- Other. Please explain. _____

Step 3: Sign below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Owner or officer's signature and title (state if individual owner, member of firm, or corporate officer title) Title: _____ Telephone number (include area code) _____ Date _____

Preparer's signature and title (state if individual owner, member of firm, or corporate officer title) Title: _____ Telephone number (include area code) _____ Date _____