

**State of Illinois
County Instructions on Preparing
PTAX 450-PD and PTAX 451 PD Forms**

Public Defender Salary
Reimbursement Forms



Public Defender Salary Reimbursement PTAX 450-PD

Please use the fill-in form on our web site and print for signatures.

- Step 1 - Complete your County code or FEIN
- Step 2 - List County Treasurer name/address
- Step 3 - Enter County and Month/Yr of claim
- Step 4 - Enter Voucher Amt 3 places
- Step 5 - Obtain Treasurer, PD signatures



PTAX 450-PD (Public Defender Formula Used)

- The Annual Salary is used to figure the state paid voucher monthly amount.
- Formula (Annual Salary ÷ 12 x .6666 = Voucher Amount)
- This Voucher Amt is written on 3 areas of PTAX-450-PD.

Illinois Department of Revenue
PTAX-450-PD Public Defender Invoice Voucher

PROPERTY TAX DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19033
SPRINGFIELD IL 62794-9033

County code: 2 0 0 0 0 or FEIN: _____

Appropriation account code number
001-49210-4471-0600
IRS 1099 reporting No

SAMPLE

County treasurer's name and address
John Doe
County treasurer's name
123 Street Address
Address
Sample City IL 12345
City ZIP

Description of Claim	Amount
Reimbursement from the state of Illinois under 55 ILCS 5/3-4007 for 66 2/3 percent of the salary paid to the public defender in Your County during 01 / 2012 Additional reimbursement during _____ Please explain _____ Additional reimbursement during _____ Please explain _____ Additional reimbursement during _____ Please explain _____	\$1,234.56
EXP. OBJ. Total expense amount	Total amount
4471 \$1,234.56	\$1,234.56

County Treasurer's Certification
I certify that the amount of the claim described on this voucher is 66 2/3 percent of the salary paid to the public defender in _____ County during 01 / 2015
County treasurer's signature _____
Month / Day / Year

Public Defender's Certification
I certify that the amount of the claim described on this voucher is 66 2/3 percent of the salary which was paid to me for service as the public defender in _____ County during 01 / 2015
Public defender's signature _____
Month / Day / Year

PTAX-450-PD (3-06/08) This form is authorized in accordance with 35 ILCS 200/1-1 et seq. Disclosure of this information is REQUIRED. This form has been approved by the Forms Management Center. IL-492-1038



PTAX 451 “Rules for Use” for PD

- The PTAX 451 is needed **in addition** to 450 if:

CHANGE IN INCUMBENT – (Must have one of the attachments)

1. Resolution Copy or
2. Minutes of County Board Mtg

Section 7

ALWAYS Check Full or Part Time for new Incumbents and provide Section 7 & 8

SALARY CHANGE - For Increase or Decrease for either New or Current PD

- Salary Change – (Must have 1 attachment – Pick one and must show annual salary on one)
Attach Resolution
or Minutes
or Budget page and circle salary

Note: The voucher payment for new incumbent or salary change will be held until we receive all required attachments as described above.



Sample PTAX 451 for PD

Check which copy you are supplying. May use budget page also.

If paying back pay, we will figure this amount for you and include it on the next check.

Illinois Department of Revenue
PTAX-451
 PROPERTY TAX DIVISION
 ILLINOIS DEPARTMENT OF REVENUE
 PO BOX 19033
 SPRINGFIELD IL 62794-9033

Supervisor of Assessments or Public Defender Salary Adjustment

Step 1: Complete the following information

1 County Sample

2 Date of county board action 07 / 01 / 2008
Month Day Year

3 Annual salary \$ 12,345.67

4 Effective date of salary increase or decrease 12 / 01 / 2008
Month Day Year

5 Check which certified copy you are attaching
 the resolution
 minutes of the meeting at which the county board approved the change in the annual salary for the office of supervisor of assessments or public defender.

Step 2: Complete the following information

6 Check who is receiving the salary adjustment
 supervisor of assessments
 OR
 public defender
 full-time
 part-time

7 Social Security number 123 - 45 - 6789

8 John Doe
Name
123 Street Address
Address

Address
Sample City IL 55555
City State ZIP

Step 3: Sign below

I certify that the information on this form is true and correct to the best of my knowledge.

Signature of the chairman of the board 12 / 01 / 2008
Month Day Year

State of Illinois }
 }
Sample County }

I, "name here" _____, County Clerk in and for the county of Sample County and keeper of the records and seal, do hereby certify that the above is true and correct.

Signature of county clerk 12 / 01 / 2008
Month Day Year

PTAX-451 (R-07/07)

This form is authorized in accordance with 35 ILCS 203/1-1 et seq. Disclosure of this information is REQUIRED. This form has been approved by the Forms Management Center. IL-492-3106

SAMPLE

Must be the date County began paying new salary.



Return Form and Attachments Completed & Signed

- You may either:
 - Fax to Connie Day at 217-782-9932
 - ‘or’ Mail to Connie using address on form
- These Forms located on our web site:
<http://tax.illinois.gov/LocalGovernment/PropertyTax/salaryreim.htm>
- These forms are to be prepared after the Public Defender works the month then sent to us. Then we issue payment via Comptroller’s Office. You may monitor payment using Comptroller web site by searching Vendor payments and enter your 200# of a series of 9 digits.



Questions or Concerns?

Please call Connie Day -Property Tax Office of
IL Dept. of Revenue.

- PHONE: 217.785.1356
- FAX: 217.782.9932
- MAIL: IL Dept. of Revenue
Connie Day
101 West Jefferson
Springfield, IL 62794



The PTAX-450-PD and PTAX 451 forms are Authorized and this information is REQUIRED.

- The PTAX 450 PD and PTAX 451 forms are authorized in accordance with 35 ILCS 200/1-1 et seq.
- Disclosure of this information is required.
- These forms have been approved by the Forms Management Center.

- Link to these forms are here:

<http://tax.illinois.gov/LocalGovernment/PropertyTax/salaryreim.htm>

END OF PRESENTATION



End Show