

3 What adjustments or issues are being protested?

4 What facts are you relying on in making your protest?

5 What law(s) are you relying on in making your protest?

6 What documentation or attachments are being submitted with your protest?

7 Provide any closing remarks you would like to make regarding this matter.

If additional space is needed to answer any of these questions, you may attach additional sheets using the same format.

8 Do you want a hearing in the matter you have outlined in your written protest?

Yes _____ No _____ (If "No", see note below.)

Note: If you select "No," you waive your right to an administrative hearing, and the Department's determination will be reviewed based on the information submitted with this form.

Step 3: Sign below

The taxpayer must provide a written signature certifying that the contents and facts stated are true, correct, and complete. If the protest is being prepared by a representative for the taxpayer, the preparer must also provide a written signature certifying the contents. In addition, the taxpayer's representative must have previously provided a Form IL-2848, Power of Attorney, or must submit one with the protest.

Execution and Certificate of Taxpayer(s) or Taxpayer's Representative

By Taxpayer(s):

Under penalties of perjury, I hereby certify and declare that I have examined this protest and any attachments and that to the best of my knowledge the facts stated are true, correct and complete.

Taxpayer's signature Date

Taxpayer's signature Date

By Taxpayer's Representative:

Under penalties of perjury, I hereby certify and declare that I have prepared the protest and that to the best of my knowledge the facts stated herein and all attachments are true, correct and complete. A Power of Attorney (Form IL-2848) has been previously provided or is enclosed.

Taxpayer's representative (print name) Taxpayer's representative signature Date

Taxpayer's representative (print name) Taxpayer's representative signature Date

Taxpayer's representative (print name) Taxpayer's representative signature Date