Amended	Autom	obile	Rentino	
Occupatio			•	

Rev	02	Form	101
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NS	DP	CA	RC

Do not write above this line.

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- If you are claiming an overpayment on this return and you collected the overpaid tax from your customer(s), you must refund the tax to your customer(s) before filing this return. When you complete this return, you must state, **under penalties of perjury**, in Step 4, that you unconditionally refunded the overpaid tax to your customer(s).

Step 1: Identify your business

1 Account ID: ____ - ___ through __/_ / ___ through and Month Day Year

2 Reporting period you are amending: __/_ / __ through __/_ / ___ _ ___

3 Business name _____

Step 2: Mark the reason you are filing an amended return

- 1 ____ I took a deduction on my original return that was not allowed or was too large. 3 ____ I put a
- 2 ____ I should have taken a deduction or a larger deduction on my original return for
 - my original return for **a** ____ rentals made to an exempt organization. Enter the
 - tax-exempt no. E-____

 b ____ rentals made under lease terms of more
 - than one year.

 c ____ interstate commerce.
 - **d** ____ waivers of claims for loss or damage to vehicles rented.
 - **e** ____ additional insurance coverage (paid by the renter).
 - **f** ____ refueling costs (paid by the renter).
 - g ____ an exemption I am claiming for another reason.

 Please explain.____

- 3 _____ I put an amount on the wrong line on either Form ART-1 or Form ART-2.
- **4** ____ I overcollected automobile renting occupation and use tax from my customer.
- **5** _____ I made a computational error.
- 6 ____ The original account ID was incorrect. The correct
- 7 ____ The original reporting period was incorrect. The correct reporting period is
- 8 ____ Other. (Please explain.)_____

Turn page to complete Steps 3 and 4.



This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.



	p 3: Correct your financial info When entering your figures, round to the nea	rest whole dollar.	Column A Most recent figures file	have been filed
	originally filed Form ART-2, Multiple Site Form, youse the figures from it to complete Lines 4b, 9, 10,		2-X, Amended Multiple Site	Form,
4b	Enter your total receipts. (Include tax.) Enter your total deductions. Subtract Line 2 from Line 1. This amount is your tenter your receipts subject to Automobile Renting Multiply Line 4a by the appropriate state tax rate This amount is the state tax due for ART. Enter your receipts from out-of-state locations to	Occupation Tax (ART).	1	2
	subject to Automobile Renting Use Tax (ARUT). Multiply Line 5a by the appropriate tax rate This amount is the state tax due for ARUT. Add Lines 4b and 5b. This amount is your tax due		5a 5b 6	5b
7 8 9 10	Enter the amount of your discount. (See instruction Subtract Line 7 from Line 6. This amount is your in Multiply Line 4a by the appropriate local tax rate Multiply Line 4a by the appropriate mass transit to	ons.) net state tax due.	7 8 9	7
11b 12	Enter your receipts subject to Metropolitan Pier a Exposition Authority (MPEA) Tax. Multiply Line 11a by the appropriate MPEA tax ra Add Lines 8, 9, 10, and 11b. This amount is your	te	11b 12	11a 11b 12
13 14 15 16	Enter any amount of excess tax you collected. Add Lines 12 and 13. This is the total tax. Enter the credit amount. Subtract Line 15 from Line 14. This is the net tax	due.	14 15	13
17 18 19	Enter the total amount you have paid. If Line 17 is greater than Line 16, Column B, enter this is the amount you have overpaid . Go to Ste If Line 17 is less than Line 16, Column B, enter the thing the state of the transfer of the trans	p 4.		18
	This is the amount you have underpaid. Pay this are your check payable to "Illinois De tr the amount you are paying on the line provi	epartment of Rever		19
Unde pena	p 4: Sign below r penalties of perjury, I state that I have examined ties of perjury, I state that I have unconditionally reaiming as an overpayment on this return.			•
Taxpaye	er's signature	Title	Phone	Date
Prepare	r's signature	Title	Phone	Date
Mail	F	LLINOIS DEPARTMENT PO BOX 19034 SPRINGFIELD IL 62794		

