Illinois Department of Revenue

ST-557 Claim for Credit for Repossession of Motor Vehicles, Watercraft, Aircraft, Trailers, and Mobile Homes

REV 02 FORM 033
E S _____/_____/_____
NS DP CA RC

Step 1: Identify your business

Do not write above this line

1 Account ID no. _____
Illinois account ID number

3 Phone (_____) _____ --

2 Business name _____

Step 2: Describe your finance contract information

Were all of your finance contracts sold "with recourse"? (*i.e.,* Did you have to pay the lending institution when your customer defaulted on the loan?) _____ yes _____ no

If you answered "no," please explain the terms of the contract on the lines below.

_____

_____

_____

_____

_____

Step 3: Figure the amount of overpaid tax (Round to the nearest whole dollar.)

Column 1 ST-556 tax return no.	Column 2 Buyer's name	Column 3 Date of delivery	Column 4 Date repossessed	Column 5 Amount of tax paid	Column 6 Taxable amount financed (sale price minus trade-in, minus cash down payment)	Column 7 Total amount of finance contract	Column 8 Unpaid balance of contract when repossessed	Column 9 Amount on which credit is claimed (divide Col. 6 by Col. 7; multiply result by Col.8.)	Column 10 Overpayment (multiply Col.9 by the tax rate)
_____	_____	__/__/__	__/__/__	_____	_____	_____	_____	_____	_____
_____	_____	__/__/__	__/__/__	_____	_____	_____	_____	_____	_____
_____	_____	__/__/__	__/__/__	_____	_____	_____	_____	_____	_____
_____	_____	__/__/__	__/__/__	_____	_____	_____	_____	_____	_____

Please turn page over to continue Step 3 and complete Step 4.

Total Page 1 _____

Next page

ST-557 front (R-12/10)

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10
ST-556 tax return no.	Buyer's name	Date of delivery	Date repossessed	Amount of tax paid	Taxable amount financed (sale price minus trade-in, minus cash down payment)	Total amount of finance contract	Unpaid balance of contract when repossessed	Amount on which credit is claimed (divide Col. 6 by Col. 7; multiply result by Col.8.)	Overpayment (multiply Col.9 by the tax rate)
_____	_____	___/___/___	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____	_____	_____	_____	_____
_____	_____	___/___/___	___/___/___	_____	_____	_____	_____	_____	_____

Total Page 2 _____

Total Page 1 _____

Grand total _____

Step 4: Sign below

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

_____ (___) ___ -- _____
Taxpayer's signature   Phone   Date   Title

_____ (___) ___ -- _____
Preparer's signature   Phone   Date

Mail to:

SALES TAX PROCESSING DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19013
SPRINGFIELD IL 62794-9013

ST-557 back (R-12/10)

SOY-BASE INK
RECYCLED PAPER