



Illinois Department of Revenue

ST-2-X Amended Multiple Site Form

Attach to Form ST-1-X.

REV 001
FORM 010

Do not write above this line.

Account ID: _____ - _____

Business name: _____

Reporting period you are amending: _____/_____/_____ through _____/_____/_____
Month Day Year Month Day Year

Write the figures that should have been filed. You must round your figures to whole dollars. **Base (a) X rate = tax (b)**

Site where taxable sales were made

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise
4a _____ X _____ = 4b _____
(rate)
Food, drugs, and medical appliances
5a _____ X _____ = 5b _____
(rate)
Receipts taxed at other rates
8a _____ 8b _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise
4a _____ X _____ = 4b _____
(rate)
Food, drugs, and medical appliances
5a _____ X _____ = 5b _____
(rate)
Receipts taxed at other rates
8a _____ 8b _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise
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(rate)
Food, drugs, and medical appliances
5a _____ X _____ = 5b _____
(rate)
Receipts taxed at other rates
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Location code _____
Site name _____
Site address _____
City, state, ZIP _____

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Receipts taxed at other rates
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Site name _____
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General merchandise
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(rate)
Food, drugs, and medical appliances
5a _____ X _____ = 5b _____
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Receipts taxed at other rates
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Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise
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(rate)
Food, drugs, and medical appliances
5a _____ X _____ = 5b _____
(rate)
Receipts taxed at other rates
8a _____ 8b _____



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.