

We encourage you to pay electronically using **MyTax Illinois**. If you make your payment electronically do not file this form.

If you do not elect to pay electronically, pay the amount you owe on your Form MC-1-X, Amended Medical Cannabis Cultivation Privilege Tax Return, using the MC-1-X-V at the bottom of this page.

Complete the MC-1-X-V below, and send it, along with your payment, to the address on the voucher.



(N-05/15)

Illinois Department of Revenue

MC-1-X-V

Payment Voucher for Amended Medical Cannabis Cultivation Privilege Tax

Account ID: _____

License no.: **MC** - _____

Business name _____

Street address _____

City, State, ZIP _____

Reporting Period: ____ / ____
Month Year

\$ _____ . **00**
Payment amount

Mail this form and your payment to:

**SPRINGFIELD CASHIERING OPERATIONS
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19018
SPRINGFIELD IL 62794-9018**