

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.



Illinois Department of Revenue

**MC-1-X-V**

**Payment Voucher for Amended Medical Cannabis Cultivation Privilege Tax**

(N-05/15)



Account ID: \_\_\_\_\_

Reporting Period: \_\_\_\_ / \_\_\_\_  
Month Year

License no.: **MC** - \_\_\_\_\_

\$ \_\_\_\_\_ . **00**  
Payment amount

Business name \_\_\_\_\_

Street address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Mail this form and your payment to:

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