

Illinois Department of Revenue

ST-44 Illinois Use Tax Return

Rev 02			
Form 019			
RC NS DP CA E S	1	1	

St	ep 1: Identify yourself		
		Social Security number	
		Sto	ep 2: Figure the Illinois Use Tax - Round figur
	Enter the date of your last purchase If you are filing an annual return, enter "December 31," follows If you are not filing an annual return, enter the full date of your		
1a	Enter the total cost of general merchandise you purchased outside of Illinois to use in Illinois.	1a	
1b	Multiply Line 1a by 6.25% (.0625).	1b	
2a Enter the total cost of qualifying food, drugs, medical appliances, and diabetic supplies, such as insulin and syringes, you purchased outside of Illinois to use in Illinois.			
2b	Multiply Line 2a by 1% (.01).	2b	
3	Add Lines 1b and 2b. This is your use tax on purchases.	3	
4	Enter the amount of sales tax you paid to another state (not to on the items included on Lines 1a and 2a.	another country) 4	
Sto	ep 3: Figure the total amount you owe		
5	Compare Line 3 and Line 4. If Line 4 is equal to or greater that owe use tax. If Line 3 is greater than Line 4, subtract Line 4 fr. This is the total amount you owe.		
	Make your payment to the "Illinois Department of Revenue.	n	
	ep 4: Sign below er penalties of perjury, I state that I have examined this return and, to	the best of my knowledge, it is true, correct, and complete.	
You	r signature	Date	
	Send your return and payment to: ILLINOIS DEPARTMENT RETAILERS' OCCUPATION SPRINGFIELD, IL 62776-	ON TAX	
	Do <u>not</u> attach your payment or this form to any other tax retur		