



Illinois Department of Revenue

ST-2-X Amended Multiple Site Form

Attach to Form ST-1-X.

REV 002

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 _____ (rate) = 4b _____
Drugs and medical appliances
5a _____ X _____ (rate) = 5b _____
Grocery
5c _____ X _____ (rate) = 5d _____
Receipts taxed at other rates
8a _____ 8b _____

Location code
Site name
Site address
City, state, ZIP

General merchandise
4a _____ X _____ (rate) = 4b _____
Drugs and medical appliances
5a _____ X _____ (rate) = 5b _____
Grocery
5c _____ X _____ (rate) = 5d _____
Receipts taxed at other rates
8a _____ 8b _____

Location code
Site name
Site address
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Receipts taxed at other rates
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Location code
Site name
Site address
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General merchandise
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Drugs and medical appliances
5a _____ X _____ (rate) = 5b _____
Grocery
5c _____ X _____ (rate) = 5d _____
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.