

To pay the amount you owe, complete the following steps:

1. Enter your federal employer identification number (FEIN).
2. Enter your name, C/O information (if applicable), address, and phone number.
3. Enter the month and year your tax year ends.
4. Enter the amount you are paying. Use whole dollars only.
5. Detach the voucher and enclose a check or money order for the amount you are paying.
  - Write your FEIN, tax year ending, and "IL-1065-X-V" on your payment.
  - Make your check or money order payable to "Illinois Department of Revenue."
  - Attach your completed voucher **and** payment to your amended return, and mail them to the address shown on the voucher.

Printed by the authority of the state of Illinois - electronic only - one copy.

|                                                                                     |                                                                                      |                                                                        |                                  |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------|
|  | <b>Illinois Department of Revenue</b><br><b>IL-1065-X-V</b><br>IL-1065-X-V (R-12/23) | <b>Payment Voucher for<br/>Amended Partnership<br/>Replacement Tax</b> | Scissors icon                    |
|                                                                                     |                                                                                      |                                                                        | <small>Official use only</small> |

Mail to: Illinois Department of Revenue, P.O. Box 19016, Springfield, IL 62794-9016



**If no payment is due or you make your payment electronically, do not file this form.**

Tax year ending

FEIN: \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Month

Year

C/O: \_\_\_\_\_

\$ \_\_\_\_\_ **00**

Mailing address: \_\_\_\_\_

**Payment Amount (Whole dollars only)**

Write your FEIN, tax year ending, and "IL-1065-X-V" on your check or money order and make it payable to "Illinois Department of Revenue."

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Reset**

**Print**

