

STATE OF ILLINOIS

DEPARTMENT OF REVENUE

SALES TAX RECEIPT

RETAILER'S USE ONLY

Date of Sale: _____ County: _____
 Retailer's Name: _____
 Retailer's Address: _____
 City: _____ State: _____ Zip: _____
 Taxpayer's Name: _____
 Taxpayer's Address: _____
 City: _____ State: _____ Zip: _____
 Description of Property: _____
 Retailer's Tax ID No.: _____
 Taxpayer's Tax ID No.: _____
 Sales Tax: _____
 Total Tax: _____
 Total Price: _____
 Retailer's Signature: _____
 Date: _____

ILLINOIS DEPARTMENT OF REVENUE

DEPARTMENT OF REVENUE OF ILLINOIS

DEPARTMENT OF REVENUE OF ILLINOIS

SALES TAX RECEIPT
 FORM 2-1998 (REV. 1-1-98)

ILLINOIS DEPARTMENT OF REVENUE
 100 SOUTH MICHIGAN STREET, CHICAGO, IL 60604



John J. Sangster
 Commissioner