



ICB-1 Request for Informal Conference Board Review

Read this information first

By completing and filing this form, you are requesting that the Informal Conference Board (ICB) conduct an informal review to examine the basis for a Notice of Proposed Deficiency, Notice of Proposed Liability, Notice of Proposed Claim Denial, or Notice of Proposed Liability and Claim Denial issued by the Illinois Department of Revenue. If you did not receive one of these notices, **do not file this form.**

Note: Do not complete this form if you are requesting a review of an offer in compromise based on an inability to pay an undisputed tax liability. These offers must be made by filing a petition with the Board of Appeals after a final assessment of the tax has been issued.

- ✓ You must complete Steps 1, 3, 4, 5, and 6. Complete Step 2 if someone will represent you during the informal conference process.
- ✓ If you are requesting an in-person conference with the ICB, you must make the request in Step 4.
- ✓ Complete and attach Form ICB-2, Offer of Disposition of a Proposed Assessment or Claim Denial, if you are making an offer of disposition as part of this review request.
- ✓ You must file this request within **60 days** of the date of the Notice of Proposed Deficiency, Notice of Proposed Liability, Notice of Proposed Claim Denial, or Notice of Proposed Liability and Claim Denial. This date is the later of the date appearing on the face of the notice or the postmark date.

Step 1: Identify yourself, your business, or your organization

1 Taxpayer's name _____

2 Current address _____
Street address

City State ZIP

Daytime phone no. (____) _____

Fax no. (____) _____

3 Contact person _____
(For business or organization)

Daytime phone no. (____) _____

4 SSN _____
Social Security number

5 FEIN _____
Federal employer identification number

6 Account ID _____

7 License no. _____

8 **Corporate income tax audits only:** complete the following information if you filed as a member of a unitary group or the auditor proposed that you should be a member of a unitary group.

a Sch. UB filer name _____

b Sch. UB filer FEIN _____

Step 2: Identify your representative

Complete all the information requested in this step if someone will represent you during the informal conference process.

Note: Your representative **must** attach a properly executed Form IL-2848, Power of Attorney.

1 Representative's name _____

2 Representative's address _____
Street address

City State ZIP

3 Daytime phone no. (____) _____

Fax no. (____) _____

4 Check this box if all correspondence should be sent to your representative's address. →

If you checked the box, all correspondence from the ICB will be mailed to this address.

If you did not check the box, all correspondence from the ICB will be mailed to the address provided in Step 1.

Step 3: Provide the following audit or examination information

Note: You must attach a copy of the Notice of Proposed Deficiency, Notice of Proposed Liability, Notice of Proposed Claim Denial, or Notice of Proposed Liability and Claim Denial and any attachments you received from us.

1 Write the audit ID or track number from the notice you received. _____

2 Write the tax type. _____

3 Write the audit period and the amount of the proposed assessment or claim denial.

Audit period: _____

Amount: _____

