



# Salary Reimbursement

ROCK ISLAND COUNTY  
PO BOX 3277  
ROCK ISLAND, IL 612043277

Letter Date: 6/9/2022  
Fiscal Year: 2023  
Effective as of: 7/1/2022

The state's attorney and assistant state's attorney salary reimbursement amounts will be:

<b>Base Salary</b>	<b>2.90 % COLA</b>	<b>Salary</b>
\$183,434.18	\$5,319.59	\$188,753.77

### Reimbursement breakdown

	<b>Total Reimbursement</b>	<b>Monthly Reimbursement</b>
<b>1</b> State's Attorney Salary	\$166,922.77	\$13,910.23
<b>2</b> Asssistant State's Attorney	\$0.00	\$0.00
Mental Health Institution:		
<b>3</b> Asssistant State's Attorney	\$0.00	\$0.00
Higher Education Facility:		
<b>Total</b>	<b>\$166,922.77</b>	<b>\$13,910.23</b>

Our records indicate that your county has a full-time Public Defender, per Statute (55 ILCS 5/3-4007) you are required to maintain a salary of at least 90% of the county's State's attorney's annual salary. Your new Public Defender's Salary should be \$169,878.39. Your new monthly Public Defender's reimbursement amount will be \$9,436.74. We will require a PTAX-451 completed for the Public Defender's salary increase, along with authorizing documentation.

If you have any questions, please contact our Springfield office weekdays between 8:30 a.m. and 4:30 p.m.

PROPERTY TAX DIVISION 3-450  
ASSESSMENT EDUCATION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19033  
SPRINGFIELD IL 62794-9033

217 785-1356  
217 782-9932 fax  
rev.propertytaxed@illinois.gov



PROPERTY TAX DIVISION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19033  
SPRINGFIELD IL 62794-9033

Email: Rev.PropertyTax@illinois.gov  
Fax: 217 782-9932

**To ensure you receive your reimbursement, be sure to submit your form by the 25th of the month.**

<b>1. Identify the county</b>		Appropriation account code number <b>001-49210-4471-0600</b> IRS 1099 reporting <input checked="" type="checkbox"/> No	
County Code <b>200000</b>	OR	FEIN	
<b>2. Enter the county treasurer's name and office address</b>			
Name			
Street address			
Street address			
City		State	ZIP
<b>3. Enter the county and pay period of claim</b>			
County	Month	Year	
<b>4. Enter the reimbursement amount expected from the state of Illinois under 55 ILCS 5/3-4007 for 66 2/3 percent (0.6666) of the salary paid to the public defender (annual amount ÷ 12 × 0.6666)</b>			\$
<b>5. Enter any additional reimbursements paid to the public defender during the month</b>			\$
Additional reimbursement explanation			
<b>6. Total amount (Add Lines 4 and 5.)</b>			\$
<b>7. County treasurer's certification</b>			
I certify that the amount of the claim described on this voucher is 66 2/3 percent of the salary paid to the public defender in _____ County during ____ / ____.			
County name		Month	Year
Signature of the county treasurer		Printed name of the county treasurer	
		Month	Day / Year
<b>8. Public defender's certification</b>			
I certify that the amount of the claim described on this voucher is 66 2/3 percent of the salary which was paid to me for service as the public defender in _____ County during ____ / ____.			
County name		Month	Year
Signature of the public defender		Printed name of the public defender	
		Month	Day / Year

This form is authorized in accordance with 35 ILCS 200/1-1 et seq. Disclosure of this information is REQUIRED.

**Do not write below this line**

**Official use only:**

Amount paid: \_\_\_\_\_

Initials: \_\_\_\_\_

Amount adjusted: \_\_\_\_\_ for \_\_\_\_\_

# PTAX-450-PD Instructions

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## General Information

Form PTAX-450-PD, Public Defender Invoice Voucher, is a monthly-filed voucher used to claim the portion of the public defender's salary that the state of Illinois is required to furnish.

Failure to complete the form entirely may result in a delay of the reimbursement. To ensure you receive your reimbursement timely, be sure to submit your form by the 25th of the month.

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## General Instructions

- Line 1** – Identify the county by either entering the county code or the Federal Employer Identification Number (FEIN) associated with the county.
- Line 2** – Provide the name of the county treasurer and the mailing address of the county treasurer's office.
- Line 3** – Provide the county name and the pay period (month and year) associated with the claim.
- Line 4** – Enter the reimbursement amount expected from the state of Illinois under 55 ILCS 5/3-4007. The state is only required to furnish 66 2/3 percent (0.6666) of the monthly salary paid to the public defender. Multiply the public defender's monthly salary by 66 2/3 percent (monthly amount  $\times$  0.6666). If you are calculating the monthly amount based on an annual salary, divide the public defender's annual salary by 12 before multiplying by 66 2/3 percent (annual amount  $\div$  12  $\times$  0.6666).
- IMPORTANT:** If the salary amount being reported on this form is different from the amount reported in the prior month or if a new public defender has taken office, a PTAX-451 and supporting documentation must be filed to establish the new salary amount and/or to establish the new person in the position. Failure to report salary increases in a timely manner may result in a loss of reimbursement for the increased amount.
- Line 5** – Enter any additional reimbursements made to the public defender for this pay period that the state is required to furnish. If completing this line, you also must provide a detailed explanation of the additional reimbursement being requested. **Note:** Additional reimbursements are rarely allowed or authorized.
- Line 6** – Enter the total reimbursement amount (add Lines 4 and 5).
- Line 7** – The county treasurer must certify the accuracy of the information on this voucher by entering the county name, pay period (month/year), signature, printed name, and date of signature.
- Line 8** – The public defender must certify the accuracy of the information on this voucher by entering the county name, pay period (month/year), signature, printed name, and date of signature.

## Where do I submit this form?

This form is due by the 25th of each month and may be submitted by email (preferred), mail, or fax.

**Email (preferred):** [Rev.PropertyTax@illinois.gov](mailto:Rev.PropertyTax@illinois.gov)

**Mail:** Property Tax Division  
Illinois Department of Revenue  
PO Box 19033  
Springfield, IL 62794-9033

**Fax:** 217 782-9932



Salary Adjustment for Supervisor of Assessments, Public Defender, or Sheriff

PROPERTY TAX DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19033
SPRINGFIELD IL 62794-9033

Email: Rev.PropertyTax@illinois.gov
Fax: 217 782-9932

Step 1: Complete the following information

- 1 County
2 Date of county board action
3 Annual salary
4 Effective date of salary increase or decrease
5 Check which certified copy you are attaching

Step 2: Complete the following information

- 6 Check who is receiving the change
7 Social Security number of the individual seeking salary reimbursement or with a change in salary
8 Name and address of the individual seeking salary reimbursement or with a change in salary

Step 3: Sign below

I certify that the information on this form is true and correct to the best of my knowledge.

9 County Board Chair signature

Signature of the county board chair Printed name of the county board chair

10 County Clerk statement and signature

State of Illinois
County

I, County Clerk in and for the county of and keeper of the records and seal, do hereby certify that the above is true and correct.

Signature of the county clerk Month Day Year

This form is authorized in accordance with 35 ILCS 200/1-1 et seq. Disclosure of this information is REQUIRED.

Do not write below this line

Official use only:

Reason for submission

- change in personnel
salary adjustment

Documentation received

- resolution
minutes
signed statement

Received by

Initials:

Month Day Year

# PTAX-451 Instructions

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## General Information

Form PTAX-451, Salary Adjustment for Supervisor of Assessments, Public Defender, or Sheriff, is used to inform the Illinois Department of Revenue (IDOR) when there is a change in the person serving in one of the offices listed above, a change in salary, or both. Once complete, this information will be used to calculate the appropriate salary reimbursement.

**Note:** If you have changes for multiple county offices, please submit a separate form for each change.

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## General Instructions

### Step 1: Complete the following information

**Line 1** – Provide the name of the county for which the change is needed.

**Line 2** – Provide the date the county board acted upon the change in personnel or the date of the salary change.

**Line 3** – Provide the annual salary being paid to the person identified in Step 2.

**Line 4** – Provide the date that the salary increase or decrease became effective.

**Line 5** – Check which form of verification that is being submitted with the PTAX-451. Acceptable documentation includes the following:

- A copy of the county board resolution.
- Meeting minutes that provide detailed information about the change in staff or salary.
- A statement outlining the changes in staff or salary and the date the county board took action on the matter. The statement must be on county board letterhead and must be signed by the county board chair.

**Note:** Your PTAX-451 will not be processed unless one of the above items is attached.

### Step 2: Complete the following information

**Line 6** – Check the county office for which the change is being sought.

**Note:** If you selected “public defender”, you must also check whether the position is “full-time” or “part-time”.

**Line 7** – Write the full Social Security number of the individual for which salary reimbursement or a change in salary is being sought.

**Line 8** – Provide the full name, address, city, state, and zip code of the individual for which salary reimbursement or a change in salary is being sought.

### Step 3: Sign below

**Line 9** – The chair of the county board must sign, print, and date the form.

**Line 10** – The County Clerk must ~~also~~ complete the sworn statement by entering the county name, clerk’s name, signature, and date.

**Note:** If Step 3 is not completed, the form will not be processed.

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This form may be submitted by email (preferred), mail, or fax.

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**Mail:** Property Tax Division  
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