Digital Divide Voluntary Contribution Remittance Form

Company:			Date of Submission:			
			Year:			
Mailing Address:			Quarter: 🗌 Jan. 1 to Mar. 31		ar. 31	Due: Apr. 30
				☐ Apr. 1 to June 30 ☐ July 1 to Sept. 30 ☐ Oct. 1 to Dec. 31		July 31 Oct. 31 Jan. 31
FEIN:						
Contact Name:			Type of Fili	ng:	Original	☐ Correction
Telephone:		Remittance Enclosed:		Yes	\square No	
Email Address:			Check Number Submitted:			
Amount:	Voluntary Contributions Collected Number of Customers Contributing:					
I certify that this payn accurate and has beer	nent includes all voluntary n properly recorded.	contributions for the	e quarter m	narked above ar	nd that the infor	mation on this report is
	Signat	ure:				
Please mail the Volun Economic Opportunit	Depart	tment of Commerce as 2 nd Street				nt of Commerce and
	Spring	field, IL 62704				

Note: Companies reporting \$0 voluntary contributions must submit a quarterly remittance form to the Department of Commerce and Economic Opportunity. Forms may be faxed to: 217.524.8680 or emailed to: CEO.DigitalDivide@Illinois.gov

Memo portion of the check should identify the Digital Divide Fund. Only checks will be accepted. Cash cannot be accepted.