



OFFICE OF THE ILLINOIS STATE TREASURER
MICHAEL W. FRERICHs

Request for Proposals
Banking Services for Cash Processing of Tax
Payments for Medical and Recreational
Cannabis

370-500-25-041

May 6, 2025

Proposals due before 1:00 p.m. CT on June 4, 2025

Mr. Christopher Flynn
Chief Procurement Officer
Illinois State Treasurer's Office
1 East Old State Capitol Plaza
Springfield, IL 62701

Office of the Illinois State Treasurer
Request for Proposals
Banking Services for Cash Processing for Tax Payments for Medical and Recreational Cannabis
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I. OVERVIEW

The Office of the Illinois State Treasurer (“Treasurer”) is issuing this Request for Proposals (“RFP”) for banking services for cash processing of medical and recreational cannabis tax payments. Financial institutions that respond to this RFP (“Respondent(s)”) shall submit their responses (“Proposals”) before 1:00 p.m. CT on June 4, 2025.

The Treasurer seeks a successful Respondent (“Contractor”) to provide efficient and cost-effective banking services for the cash payments of taxes collected by the State of Illinois Department of Revenue (“IDOR”) for recreational adult use cannabis and medical cannabis permitted under Illinois law. The Contractor must be authorized to do business in Illinois as an Illinois bank or a national bank with a presence in Illinois. In addition, the Contractor must be a member of the Federal Reserve System, have access to all services as a member bank, and qualify as a depository for public funds. At the time the Contractor submits its Proposal, or prior to that time, if required by law, the Contractor must have all required licenses, bonding, facilities, equipment and trained personnel necessary to perform the work specified in this RFP.

The Contractor shall enter into a contract with the Treasurer (“Agreement”) for an initial term of four (4) years. Upon expiration of this term, the Treasurer may elect to extend the Agreement for additional periods agreed upon by the parties, not to exceed a total term of ten (10) years, including the initial four (4) years.

II. BACKGROUND

The Treasurer has explicit statutory authority to receive “the revenues and all other public moneys of the state, and all moneys authorized by law to be paid to him, and safely keep the same.” 15 ILCS 505/7. This authority allows the Treasurer to receive the cash payments for taxes made under both the recreational adult use cannabis and the medical use cannabis programs.

Recreational Adult Use Cannabis

As part of the Adult Cannabis Program, IDOR receives tax payments in accordance with the Cannabis Regulation and Tax Act, 410 ILCS 705.

Medical Use Cannabis

The Compassionate Use of Medical Cannabis Program Act, 410 ILCS 130, grants various state agencies the authority to create and administer the Medical Cannabis Program. IDOR will collect various tax payments from the cultivators and medical dispensaries.

III. SCOPE OF WORK

As directed by the Treasurer, the Contractor shall provide the Treasurer the services set forth in this Section III (collectively, the “Services”) in accordance with applicable State and federal laws, rules, and regulations:

1. Open and maintain an account for both recreational adult use cannabis and medical cannabis services requested by the Treasurer in this RFP (“Treasurer’s Accounts”);
2. Accept and process, at any branch location, all IDOR cash tax payments, collected from the cannabis industry and electronic fund transfers initiated by the Treasurer;
3. Accept incoming wire transfers;
4. Accept outgoing wire transfers initiated by the Treasurer;
5. Accept Automated Clearinghouse (“ACH”) credits;
6. Accept ACH debits based on specific company identification numbers (“IDs”);
7. Invest end-of-day collected balances for the Treasurer’s Accounts. Provide ongoing information on all available sweep options, including any maximum or minimum dollar amount requirements. Money market sweep funds shall be included as an option, and prospectuses shall be provided where applicable;
8. If sweep options are not selected or if there are limit requirements for maximum allowable sweep balances, ensure collateralization of end-of-day collected balances above the Federal Deposit Insurance Corporation (“FDIC”) insurance and sweep limits, through a pledge of securities in compliance with Sections 11 and 11.1 of the Deposit of State Moneys Act (15 ILCS 520/0.01 *et. seq.*);
9. Pledge securities for collected balances, if applicable, equal to 102% of the market value of the largest total balance the Treasurer maintains with the Contractor, less the insurance amount provided by the FDIC. Collateral must comply with the Acceptable Collateral Listing: List of Financial Assets Qualified for Collateral to Secure Deposits and Repurchase Agreements available on the Treasurer’s website at the following address:

<https://illinoistreasurergovprod.blob.core.usgovcloudapi.net/twooms/media/doc/acceptablecollaterallisting20150602.pdf>

The collateral will be placed for safekeeping under the control and in the name of the Treasurer with a third-party custodian designated by the Treasurer;

10. Provide the Treasurer an earnings credit in the account analysis report, based on the average monthly collected balance in the Treasurer’s Accounts, and offset the fees related to the Treasurer’s Accounts with such earnings credit. If there is an excess earnings credit after fees have been offset, the remaining earnings credit shall be carried forward to offset the next month’s fees in addition to the current month’s earnings credit with an annual reset in January of the excess earnings credit;
11. Provide an ACH debit block and debit filter, with the ability to allow for specific company IDs to post to the Treasurer’s Accounts;

12. Provide positive pay filter services to prevent check writing on accounts;
13. Provide the Treasurer with dual controls for both the establishment and maintenance of security administrator rights, as well as for the creation and maintenance of multiple users and wire transfer templates for the Treasurer's Accounts;
14. Provide the Treasurer a specific point(s) of contact for the Services, direct access to staff, and emergency contact phone numbers for the Treasurer's Accounts;
15. Provide the Treasurer the ability to electronically obtain by 6:00 a.m. CT every day, including weekends and holidays, a current and prior day bank statement as well as current and prior day transaction details for the Treasurers Accounts in Bank Administration Institute ("BAI") file format, comma separated values ("CSV"), and portable document format ("PDF") from the Contractor's treasury management system or have a direct file transmitted from the Contractor to import to the Treasurer's treasury management system;
16. Provide the Treasurer the ability to search all data fields related to a specific transaction within Contractor's treasury management system for the Treasurer's Accounts as well as the ability to conduct ad-hoc searches of transactions based on specific criteria and export the results to either PDF or Excel formats;
17. Provide the Treasurer the ability to produce reports that contain the details of the wire transfer transactions, including the initiating and confirming parties for the Treasurer's Accounts;
18. Provide the Treasurer with an automatic electronic file, for both current day and prior day bank statements by 6:00 a.m. CT, every day, including weekends and holidays, for the Treasurer's Accounts in BAI file format to be uploaded into the Treasurer's treasury management system;
19. Provide the Treasurer with an automatic electronic file, for current day transactions by 6:00 a.m. CT and throughout the day, every day, including weekends and holidays, for the Treasurer's Accounts in BAI file format to be imported into the Treasurer's treasury management system;
20. Accept electronic files from the Treasurer in mutually agreed upon format, scheduled throughout the day, every day the Federal Reserve wire transfer system is operational, containing wire transfer transactions for execution by the Contractor. The Contractor will provide an acknowledgement file, or other mutually agreed upon notification, to the Treasurer, on the same day the wire transfer transactions are processed, containing the executed wire transfer transaction details;
21. Provide the Treasurer the ability to produce a monthly account analysis statement within ten (10) business days following the last calendar day of the month, for the Treasurer's Accounts, in PDF format from the Contractor's treasury management

system, that details all services provided by the Contractor based on the agreed upon cost structure and all associated charges for the Treasurer's Accounts;

22. Provide the Treasurer, within ten (10) business days following the last calendar day of the month, for the Treasurer's Accounts, on the Contractor's treasury management system or other mutually agreed upon Contractor system, the ability to access an Electronic Data Interchange ("EDI") transmission detailing the monthly service charges provided on the PDF version of the account analysis statement, in an 822 format that is compatible with the Treasurer's account analysis program. The current account analysis format is listed in Appendix A Account Analysis 822 EDI Format;
23. Provide the Treasurer with separate account analysis statements and EDI transmissions for services specified in Appendix B Proposed Cost Structure;
24. Provide IDOR with a separate account analysis statement as request by IDOR and/or the Treasurer and based on reporting requirements outlined in Appendix C;
25. Provide the Treasurer the ability to assign specified members of its staff access to the Contractor's treasury management system ("Users"). This assignment must include the ability to assign each User with a daily limit for initiating or confirming wire transfer transactions for the Treasurer's Accounts;
26. Provide IDOR's specific mandatory requirements as set forth in Appendix C Illinois Department of Revenue Processing Specifications; and
27. Accommodate changes to processes outlined in this Section III resulting from technological advancements, financial industry advancements, banking changes, or changes in any treasury management system(s) of the Treasurer.

IV. PROPOSAL

A. Proposal Format

All Proposals must be submitted within the prescribed format to facilitate objective review. Any Proposal that materially deviates from this format will be rejected without further consideration of its content. Proposals that contain false or misleading statements or that provide references that do not support an attribute or condition claimed by the Respondent may also be rejected. Narratives should provide a concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be on clarity, brevity, and completeness of response. The following are the sections that must be provided in the Proposal. The sections should be labeled accordingly.

1. Cover Page – The Proposal must be accompanied by a transmittal letter that designates the name, physical address, e-mail address, and telephone number of the person(s) available for contact concerning the Proposal. Such person(s) must be authorized to make representations on behalf of the Respondent.

2. Table of Contents – Include a listing of the main chapters and paragraph headings contained in the Proposal, including page numbers.
3. Introduction – Include any introductory remarks, not to exceed three (3) pages, deemed appropriate. Briefly discuss such topics as the Respondent’s background, management, facilities, staffing, related experience, and financial stability.
4. Scope of Work – Respondent shall provide a brief narrative, not to exceed five (5) pages, describing the general conceptual approach Respondent would take to provide the Services and any other information Respondent believes is relevant. Emphasis should be on clarity, brevity, and completeness of the response.
5. Answers to Questions – Respondent must respond to all of the questions presented in Section IV.B of this RFP. Respondent’s answers must include the headings (e.g., “Background and Experience”) and be numbered in the order provided in Section IV.B of this RFP.
6. Service Team – Provide an organizational chart, biographies, and resumes for the proposed Service team, including support staff that will provide all Services to the Treasurer. Please identify the primary contact person and describe the role of each key person.
7. Subcontractors – Provide a list of the subcontractor(s) Respondent will use for the Services, if any, and the general type of work to be performed by each subcontractor.
8. State Certifications and Disclosures – Respondent and any subcontractor(s) must submit the following three (3) fully executed documents: Illinois State Treasurer Certifications, Disclosures Financial Interest and Potential Conflicts of Interest (Disclosure Form A), and the Disclosures Other Contract and Procurement Related Information (Disclosure Form B), attached as Appendix F.
9. Cost Proposal – Respondent’s prices (“Cost Proposal”) shall be provided in a separately sealed envelope, or as a separate file if the Proposal is submitted electronically and should be submitted in the format included as Appendix B of this RFP.
10. Redacted Copy – If the Proposal contains any information that Respondent considers to be exempt from public disclosure under the Illinois Freedom of Information Act (“FOIA”) (5 ILCS 140) or other applicable laws and rules, Respondent should submit in a separately sealed envelope, or as a separate file if the Proposal is submitted electronically, an additional copy of the Proposal with proposed confidential information redacted, as detailed in Section V.E.10 of this RFP (“Redacted Copy”).

All hard copy Proposals must be submitted in a sealed envelope or package bearing the title “Banking Services for Cash Processing for Medical and Recreational Cannabis for the Illinois State Treasurer Proposal 370-500-25-041” and the Respondent’s name and address. The package must include one copy of the Proposal and, in a separate envelope, one copy of each Cost Proposal. A separate envelope must contain one (1) original and five (5) copies of each Cost Proposal. If

confidentiality of any information is asserted, one (1) Redacted Copy should be provided in an additional separate envelope.

Alternatively, Respondents may submit an electronic copy of this Proposal, with a separate Cost Proposal and, if confidentiality or any information is asserted, and electronic Redacted Copy, to BankingServicesRFP@illinoistreasurer.gov. The Proposal, Cost Proposal and any Redacted Copy shall be submitted as separate email attachments.

B. Questions to be Addressed in the Proposal

Respondents shall provide answers to the following questions:

Background and Experience

1. Please describe Respondent's background and history pertinent to the Services.
2. Does Respondent currently provide Services or services of a similar nature to any other Illinois constitutional office or Illinois State agency? If so, list the full name, address, and telephone number of each such entity and telephone number of Respondent's primary contact along with a description of the service provided.
3. In the past two (2) years, has Respondent previously provided banking services of a similar nature to any other state treasurer or government entities? If so, please list the government entity's full name, address, and telephone number (must also include telephone number and email of the Respondent's primary contact at said government entity, the term that the services were provided, and a description of the services provided).
4. Describe Respondent's disaster recovery plan and facilities.
5. Describe Respondent's approach to and philosophy regarding cybersecurity, including the steps Respondent would take to address a breach of the Treasurer's data.
6. Describe the insurance coverage that Respondent maintains to address cybersecurity threats (to include computer, data, privacy, or information technology security) and discuss the benefits to the Treasurer of any such coverage. Please note that prior to contract award, the Treasurer may require proof of such insurance coverage with terms, including but not limited to coverage and limits, acceptable to the Treasurer.
7. Has Respondent experienced any data breach or loss of personal, financial, or other data considered private or confidential since January 1, 2015? If so, provide details and what steps were taken to address the issue both in the short term related to the specific breach/loss and also in the longer term to prevent such a breach/loss from happening again.
8. Describe any changes in Respondent's ownership or management structure since January 1, 2015. Please describe the steps taken to ensure that these changes did not impact on Respondent's ability to meet client needs.

9. Describe Respondent's corporate structure including which entity within the structure would be contracting with the Treasurer.
10. Has Respondent been a party to any lawsuit from January 1, 2015, to present? If so, please provide a detailed explanation of each such lawsuit.
11. Since January 1, 2015, has Respondent or any of its officers or principals, acting within the scope of their employment, been subject to a consent order, penalty, or receive any other finding of fault as a result of any publicly disclosed enforcement action or other regulatory proceeding by any governmental entity, regulatory agency, or self-regulatory organization including but not limited to the following, including any divisions thereof: the Securities and Exchange Commission, Financial Industry Regulatory Authority, Department of Justice (including any United States Attorneys' Office), Consumer Financial Protection Bureau, Department of Labor, U.S. Department of the Treasury, 13 Federal Deposit Insurance Corporation, any State Attorney General, or the Federal Reserve System? If so, provide a detailed explanation.
12. Provide a description of the various types of insurance coverage (carriers, risk coverage, levels, limits, deductibles, expiration dates, etc.) Respondent holds to protect its clients.
13. Please describe any Services that the Respondent currently performs or anticipates performing outside of the United States.
14. If subcontractors are used, explain why the subcontractor's functions cannot be performed by Respondent or are more appropriately performed by the proposed subcontractor.
15. Provide three (3) client references for which Respondent has performed work similar to that requested in this RFP. Provide each client's primary contact's name, address, telephone number, and email.
16. Describe any other processes, or alternative options that would meet all requirements as outlined in Scope of Work (Section III). Provide any additional information that Respondent believes relevant to requirements of this RFP and to Respondent's ability to provide the requested services. For each of the processes or alternative options described please note whether all mandatory requirements would be met, specifically the mandatory requirements found in Appendix G. Complete Appendix G for each process or alternative option.

Financial Services

17. Provide a proposed schedule for the implementation of the Services. The implementation schedule should include, but not be limited to, any specific implementation phases (e.g., testing, training, etc.), materials available, and/or any on-site training provided by the Respondent.

18. How would Respondent provide an ACH debit block and filter on each of the Treasurer's Accounts to prevent ACH fraud? Discuss in detail the available notification formats and timeline associated with the reporting of fraudulent activity and the available filter options.
19. How would Respondent provide a positive pay debit block and filter on each of the Treasurer's Accounts to prevent check fraud? Discuss in detail the available notification formats and timeline associated with the reporting of fraudulent activity and the available filter options.
20. Describe Respondent's method to obtain information regarding account inquiries, discrepancies, questions, or any other type of information that may be sought.
21. What is Respondent's anticipated response time to account inquiries, questions regarding discrepancies, and other requests for information from the Treasurer?
22. How would Respondent allocate staff in order to meet the Treasurer's and IDOR's customer service needs (direct access to staff, emergency contacts, etc.)?
23. Provide a detailed list of all of Respondent's current options for the investment of collected funds, its daily balance limitations, if applicable, and the historical rate of return. If available and applicable, prospectuses shall also be provided. Respondent's investment options must meet the requirements of the Illinois State Treasurer's Office State Treasury Investments Portfolio Investment Policy Statement included on Treasurer's website:

<https://illinoistreasurergovprod.blob.core.usgovcloudapi.net/twocms/media/doc/state%20portfolio%20investment%20policy%20statement%202024.pdf>
24. Provide sample copies of the following reports:
 - a. Daily bank account statement (summary and detail);
 - b. Monthly bank account statement (detail);
 - c. Previous day transaction report (summary and detail);
 - d. Current day transaction report (summary and detail);
 - e. Daily Sweep report (end of day investments, including collateral pledged for repurchase agreements, money market funds including beginning balance, transaction detail, ending balance, and daily factor);
 - f. Monthly Sweep report for money market funds, including beginning balance, transactions by date, ending balance at the end of each day, and interest earned during the month. In addition, provide a monthly report containing the daily interest factors;

- g. 822 monthly account analyses (electronic file and detail statement). If necessary to show any likely differences, please provide sample reports helpful to show information related to the Treasurer's and 's Accounts. Refer to the Appendix A Account Analysis 822 EDI Format for the required file format;
- h. ACH debit block and filter reports and exception review;
- i. Current Day ACH transactions with addenda detail (EDI);
- j. Positive pay reports, including exception review;
- k. Initiation and confirmation of wire transfers;
- l. Reports required by IDOR. Refer to Appendix C and E;
- m. Ad-hoc reporting (the ability to search transactions based on specific criteria and export the results to either PDF or Excel formats); and
- n. An administrative report (including but not limited to, user profiles and user activity).

Equity, Diversity, & Inclusion

As set forth in Section 30 of the State Treasurer Act, 15 ILCS 505/30, it is an aspirational goal of the State Treasurer to use businesses owned by or under the control of veterans, qualified service-disabled veterans, minority persons, women, or persons with a disability ("MWVD Persons") for not less than twenty-five percent (25%) of the total dollar amount of funds under management, purchases of investment securities, and other contracts. As used herein, the terms "minority person", "woman", "person with a disability", and "control" have the meanings provided in Section 1 of the Business Enterprise for Minorities, Women, and Persons with Disabilities Act, 30 ILCS 575/2. Further, the terms "veteran" and "qualified service-disabled veteran" have the meanings provided in Section 45-57 of the Illinois Procurement Code, 30 ILCS 500/45-57. For any question below relating to MWVD Persons, the response should include a breakdown by veterans, qualified service-disabled veterans, minority persons, women, or persons with a disability.

- 25. Please confirm whether Respondent is at least fifty-one percent (51%) owned by MWVD Persons. Please cite with supporting data, including the number and percentage of the Respondent's owners who are MWVD persons. Note if Respondent has submitted an EEO-1 report in the last year, Respondent may at its discretion provide the information in its EEO-1 report to supplement the response to this question.
- 26. Please confirm whether Respondent is under the control of MWVD Persons. Please cite with supporting data. Please provide the number and percentage of the Respondent's owners who are MWVD persons. Note if Respondent has submitted an EEO-1 report in the last year, Respondent may at its discretion provide the information in its EEO-1 report to supplement the response to this question. What is the percentage of Respondent's

intended use of subcontractors for this project, if any, that are under the control of MWVD Persons?

27. For the next four questions regarding Respondent's leadership and workforce, all responses must include supporting data. If Respondent has submitted an EEO-1 report in the last year, Respondent may at its discretion provide the information in its EEO-1 report to supplement its responses:
- a. If publicly owned, please provide (i) the total number of members on the Respondent's board of directors and (ii) the number of members on the Respondent's board of directors who are MWVD Persons.
 - b. Please provide the number and percentage of Respondent's senior leaders (e.g., partners, executive officers, managing directors, etc.) who are MWVD Persons. Note that senior leaders are considered those who create strategies and plans for the entire organization to follow, communicating directly with the board of directors or are within two reporting levels to the CEO on the Respondent's official organizational chart.
 - c. Please provide the number and percentage of Respondent's professional staff who are MWVD Persons. Note that professional staff are considered those who maintain a bachelor's degree or certification or are first/mid-level officials and managers that report to executive/senior leaders or middle managers.
 - d. Please provide the number and percentage of Respondent's full-time, U.S. workforce employees who are MWVD Persons.
28. How does Respondent promote supplier diversity or maintain a supplier diversity program? Please provide a summary of objectives and any targets, benchmarks, or performance metrics that substantiate this work.
29. Please describe any policies, programs, or activities Respondent administers to promote equity, diversity, and inclusion both within the Respondent's organization and the community. Please note any targets, benchmarks, or performance metrics that substantiate this work.

Corporate Responsibility – Environmental, Social, and Governance Practices

30. Please note any policies, practices and/or business strategies Respondent has in place to address long-term environmental risks and opportunities that may impact long-term sustainability.
31. Please highlight any policies, practices, or resources that Respondent has in place to retain and enhance the human capital at the firm.
32. Please explain how Respondent fosters a corporate governance structure that mitigates business risks and enhances business operations.

33. Please highlight any activities, projects, or services Respondent administers to alleviate societal issues and enhance its commitment to corporate social responsibility. Please cite with supporting data.

Illinois Presence

34. Is Respondent incorporated in Illinois? Please provide the physical address and website of Respondent's headquarters and all Illinois branch offices.
35. Please note how many full-time employees are located at Respondent's headquarters and all Illinois branch offices.
36. Please describe what presence Respondent has in the State of Illinois. Such "presence" can be demonstrated by noting (a) the number and (b) the percentage of Respondent's full-time employees who spend more than half their time in Illinois and have physical offices or a principal place of business located in Illinois.
37. Using the definition provided above, what percentage of Respondent's subcontractors for this project, if any, have an Illinois presence?
38. Please note whether Respondent has any plans to locate staff or hire additional staff in the State of Illinois. Please provide supporting data.

C. Cost Proposal

For the Cost Proposal, Respondent shall complete and submit the Proposed Cost Structure, attached hereto as Appendix B. Cost proposals must be accurate and will be used as a basis for any award. When preparing the Cost Proposal Respondent shall do the following:

1. Clearly communicate the price where fees are applicable, if there are pricing issues or options that require further or separate explanation;
2. Set the pricing schedules to cover an initial four-year period;
3. Include all of the costs Respondent would charge, based upon the requirements outlined in this RFP;
4. Provide pricing for all line items associated with this RFP, regardless of whether volumes have been provided. Pricing should not be provided in a bundled format;
5. Provide any costs not specifically mentioned in the Proposed Cost Structures but applicable to the RFP;
6. Note that, as stated earlier in this RFP, there will be an earnings credit to the account analysis, based on the average monthly collected balance in the Treasurer's Accounts, and such earnings credit will be used to offset the fees specifically related to the Treasurer's

Accounts. If there is excess earnings credit after the fees have been offset, the remaining earnings credit, for the respective accounts shall be carried forward to offset the next month's fees in addition to the current month's earnings credit. There is an annual reset in July, beginning of a new fiscal year, of the excess earnings credit; and

7. Indicate which amounts, if any, shall be paid to subcontractors.

V. RFP SCHEDULE AND PROCESS

This Section provides the schedule and process for this RFP.

A. RFP Schedule

The following is the schedule for this RFP:

Date	Event
May 6, 2025	RFP published on the Treasurer's website.
May 12, 2025	Notice of intent to attend optional Respondent's Conference due by 1:00 p.m. CT.
May 13, 2025	Optional Respondent's Conference at 11:00 a.m. CT.
May 19, 2025	All Respondent questions due by 1:00 p.m. CT.
May 28, 2025	Responses to all questions posted on the Treasurer's website by 5:00 p.m. CT.
June 4, 2025	Proposals due before 1:00 p.m. CT.
June 26, 2025	Interviews and site visits, if any, with final candidates.
Week of July 7, 2025	If applicable, best and final offer due.
Week of July 14, 2025	Notification of award and begin negotiation of Agreement.

These dates are subject to change at the Treasurer's discretion.

B. Contact Information

The Treasurer's Chief Procurement Officer ("CPO") is the sole point of contact concerning this RFP.

Respondents should submit questions about the intent or content of this RFP and request clarification of any and all procedures used for this procurement prior to the submission of a Proposal. Respondents must submit their questions in writing by e-mail to the CPO, Christopher Flynn, at cflynn@illinoistreasurer.gov by 1:00 p.m. CT on May 19, 2025.

C. Optional Respondent's Conference

If a Respondent intends to participate in the Optional Respondent's Conference, Respondent must e-mail the CPO notice of intent to participate before 1:00 p.m. CT on May 12, 2025. The Optional Respondent's Conference shall be at 11:00 a.m. CT on May 13, 2025.

D. Proposal Submittal

All Proposals may be submitted either in hard copy form or electronically.

1. Packet submission in hard copy form

Proposals submitted in hard copy form must be submitted in a sealed envelope or package with "Banking Services for Cash Processing of Tax Payments for Medical and Recreational Cannabis 370-500-25-041" shown on the front of the envelope or package, along with Respondent's name and address. Specifics regarding the Proposal Format (i.e., number of copies) are found in Section IV.A. entitled "Proposal Format" of this RFP.

If confidentiality of any information is asserted, please include a Redacted Copy in accordance with Section V.E.10 of this RFP.

Proposals submitted in hard copy form must be received at the address below before 1:00 p.m. CT on June 4, 2025.

Packet must be mailed to:

Mr. Christopher Flynn
Chief Procurement Officer
1 East Old State Capital Plaza
Springfield, IL 62701

Proposals will be opened publicly, via livestream only, at 2:00 p.m. CT on June 4, 2025, no late proposals shall be accepted after the public declaration of the that the time to submit proposals has closed, unless the proposal is in the physical possession of the Treasurer or the Treasurer's physical space. The livestream will be available online at:

<https://www.facebook.com/ILTreasurerProcurement>

2. Packet submission via electronic form

When submitting a Proposal electronically, please e-mail the following to BankingServicesRFP@illinoistreasurer.gov:

- a. name of contact person
- b. business name and business address
- c. e-mail address and telephone number
- d. a complete list of submitted files

3. Use of electronic version of this RFP

This RFP is electronically available. If Respondent electronically accepts the RFP, s/he acknowledges and accepts full responsibility to ensure that no changes are made to the RFP. Should a conflict arise between a version of the RFP in Respondent's possession and the Treasurer's version, the Treasurer's version shall prevail.

E. RFP Process

1. RFP Contact

The Treasurer's CPO is the sole point of contact concerning this RFP. Respondents should submit questions about the intent or content of this RFP and request clarification of any and all procedures used for this procurement prior to the submission of a Proposal. Respondent's must prepare their questions in writing and send them via email to the CPO.

2. Internet/E-mail Communications

The Treasurer may communicate with Respondents via e-mail. Each Respondent should provide an e-mail address with its response for ease of communication throughout this RFP process.

3. Oral Communications

Any oral communication from the Treasurer's employees or its contractors concerning this RFP is not binding on the Treasurer, and shall in no way alter a specification, term, or condition of this RFP.

4. Amendments

If it is necessary to amend this RFP, the Treasurer will post any amendments or addenda on its website at www.illinoistreasurer.gov.

5. Respondent's Costs

The cost of developing a Proposal is each Respondent's responsibility and shall not be charged to the Treasurer.

6. Withdrawal of Proposal

Respondent may withdraw its Proposal at any time prior to the deadline for receipt of Proposals. The Respondent must submit a written withdrawal request, addressed to the CPO, and signed by the Respondent's duly authorized representative.

7. Modification of Proposal

A Respondent may submit an amended Proposal before the deadline for receipt of Proposals. Such amended Proposal must be a complete replacement for the previously submitted Proposal and must be clearly identified as such in the transmittal letter to the CPO.

8. Proposal is a firm offer

A Proposal submitted in response to this RFP is a firm and binding offer, valid for 180 days after the due date for Proposals or the due date for the receipt of a best and final offer, whichever falls later.

9. Proposal is State Property

On the Proposal due date, all Proposals and related material submitted in response to this RFP become the property of the State of Illinois.

10. Proposal is Part of a Public Procurement File

All Proposals received by the Treasurer will be open to the public, though a Respondent may request that the Treasurer treat certain information as confidential in accordance with 44 Ill. Admin. Code §1400.2505. If Respondent requests confidential treatment of any information it considers to be exempt from public disclosure under FOIA or other applicable laws and rules, Respondent should submit a Redacted Copy, which copy shall be clearly identified as the “Redacted Copy.” In a separate attachment to the Redacted Copy, Respondent shall supply a listing of the provisions of the Proposal, identified by section number, for which it seeks confidential treatment, identify the basis of each claimed exemption, and show how that basis applies to the request for exemption in accordance with 44 Ill. Admin. Code §1400.2505(l). The Redacted Copy must retain as much of the Proposal as possible.

A request for confidential treatment will not supersede the Treasurer’s legal obligations under FOIA. The Treasurer will not honor requests to keep entire Proposals confidential and will in any event disclose the successful Respondent’s name, the substance of the Response, and the price. In responding to a request under FOIA, the Treasurer reserves the right to rely on Respondent’s decision whether to submit a Redacted Copy with its Proposal, and the Treasurer is under no obligation to notify vendor prior to providing a complete and unredacted Proposal, with any attachments, if Respondent does not elect to provide a Redacted Copy with its Proposal as described in this Section.

11. Encouragement Regarding Hiring

Prospective Contractors are encouraged to hire qualified veterans as well as qualified Illinois minorities, women, persons with disabilities and residents discharged from any Illinois adult correctional center.

12. CPO May Cancel RFP

If the CPO determines that it is in the Treasurer’s and ’s best interest, he reserves the right to do any of the following: a) cancel this RFP; b) modify this RFP in writing as needed; or c) reject any or all Proposals received in response to this RFP.

13. Additional Information

The Treasurer reserves the right to request additional information and to meet with representatives of Respondent to discuss their Proposals.

VI. EVALUATION PROCESS AND CRITERIA

This Section explains how the Treasurer will evaluate the Proposals.

A. Mandatory Requirements

Failure to meet any of the following requirements shall lead to Respondent's automatic disqualification:

1. Submit RFP Proposal and accompanying Cost Proposals before 1:00 p.m. CT on June 4, 2025;
2. In Respondent's Proposal, provide all of the sections and the information required for each section as set forth in Section IV.A of this RFP;
3. In Respondent's Proposal, answer all questions in Section IV.B of this RFP;
4. Submit a completed Appendix G wherein Respondent attests that it has the ability to, at a minimum perform the following:
 - a. Assign user level daily limits for initiation and confirmation of wire transfer transactions, including a minimum threshold of \$999,999,999 per user;
 - b. Release executed outgoing wire transfers within 30 minutes of transaction executed through the treasury management system;
 - c. Ensure there are adequate funds so that no wire transfers are delayed due to daylight overdraft;
 - d. Perform all requirements in Appendix C IDOR Processing Specifications;
 - e. Accept all cash tax payments received by IDOR from the cannabis industry via payment vouchers. See Appendix D for examples of payment vouchers;
5. Interface with the Treasurer's Treasury Management System;
6. Be authorized to do business in Illinois as an Illinois bank or a national bank with a presence in Illinois and submit Illinois Department of Financial and Professional Regulations documentation;
7. Be a member of the Federal Reserve System and have access to all services as a member bank;
8. Qualify as a depository for public funds;
9. Be an established financial institution with all required licenses, bonding, facilities, equipment, and trained personnel necessary to perform the work as specified in this RFP at the time of this RFP, or prior to that time, if required by law. The Treasurer reserves the right to require proof of said requirements at any time; and

10. Have a minimum of ten (10) years of experience performing services that are considered identical or similar in nature to the Services.

B. Scoring

Evaluation Factor	Maximum Number of Points Possible
Background and Experience	20
Financial Services	40
Equity, Diversity, and Inclusion	10
Corporate Responsibility – Environmental, Social, and Governance Practices	5
Illinois Presence	10
Cost Proposals	15
Interview, if applicable	5
TOTAL	105

C. Determining Scores

1. Background and Experience

Scoring will be based on Respondent's demonstrated talent and experience of assigned personnel and will incorporate the answers Respondent provides to the Background and Experience Questions in Section IV.B of this RFP. The breadth and depth of similar engagements will be considered. The evaluation may also include reference checks regarding Respondent's work for other clients who received or are receiving services similar to those required by this RFP.

2. Financial Services

Respondent's ability to perform the Services will be evaluated based on the answers Respondent provides to the Financial Services questions in section IV.B of this RFP.

3. Equity, Diversity, and Inclusion

Respondent's equity, diversity, and inclusion score will be scored based on the answers the Respondent provides to the Equity, Diversity, and Inclusion questions in Section IV.B. of this RFP. The evaluation team shall award a higher score in this Section to Respondents that are female, minority, person with disabilities, or veteran owned or managed. Having a higher percentage of subcontractors that are female, minority, person with disabilities, or veteran owned or managed may also result in higher scores.

4. Corporate Responsibility – Environmental, Social & Governance Practices
Respondent's corporate responsibility shall be scored based on the answers Respondent provides to the Corporate Responsibility questions in Section IV.B of this RFP.
5. Illinois Presence
Respondent's Illinois presence shall be scored based on the answers Respondent provides to the Illinois Presence questions in Section IV.B of this RFP. Respondents with a principal place in Illinois and a higher percentage of employees in Illinois may receive higher scores.
6. Cost Proposal
The Evaluation Team shall evaluate the cost-effectiveness of Respondent's Cost Proposal in order to determine the Cost Proposal score.
7. Interview
In the event the Respondent does not interview, Respondent will be awarded zero (0) points for this evaluation factor.

D. Evaluation Process

All Proposals will be reviewed for compliance with the RFP requirements and specifications. Proposals deemed non-responsive will be eliminated from further consideration. In his discretion, the Chief Procurement Officer may waive, or allow the Respondent to correct minor mistakes, including, but not limited to, those that could lead to a Proposal being deemed non-responsive. The Chief Procurement Officer may contact the Respondent to correct the mistakes or for clarification of the Proposal. The Evaluation Team may use other publicly available information to perform its evaluation. Finally, the Evaluation Team will make a recommendation regarding the final Respondent.

VII. CONTRACTUAL TERMS

By submitting a Proposal, Respondent agrees to each of the contractual provisions set forth in this Section.

A. Contractual Responsibility

Contractor will be contractually responsible for all services provided. By responding to the RFP, Contractor expressly agrees to the contractual requirements herein. Contractor shall at all times provide services and perform all functions under the Agreement in accordance with all applicable laws, rules, and regulations, judgments, decrees, injunctions, writs and orders of any court, tribunal, arbitrator, or any federal, state, local, municipal, or other governmental department, commission, district, board, bureau, agency, regulatory body, court, tribunal or other instrumentality (or any officer or representative thereof) or competent jurisdiction ("Governmental Authority") or regulatory body ("Applicable Law").

B. Governing Law

The Agreement shall be governed in all respects by the laws of the State of Illinois, without regard to conflicts of law principles. Any action by Contractor against the Treasurer can only be brought in the Illinois Court of Claims.

C. Term of Agreement

The initial term of the Agreement will be four (4) years, unless terminated prior to such time in accordance with the terms of the Agreement. The Treasurer may elect to extend the Agreement for additional periods, not to exceed a total term of ten (10) years, including the initial four (4) years.

D. Termination

1. Termination without Cause: The Treasurer may elect to terminate the Agreement, or any portion of the Services, any time upon thirty (30) calendar days' notice. Upon termination, the Treasurer will pay for work satisfactorily completed prior to the date of termination as determined by the Treasurer in a reasonable manner. Should a portion of the Services be terminated, the parties shall amend the Agreement accordingly to reflect the reduction in Services and compensation.
2. Termination for Cause: This Agreement, or any portion of the Services, may be terminated by the Treasurer immediately upon notice to the Contractor under any of the following circumstances:
 - a. Contractor fails to furnish satisfactory performance within the time specified;
 - b. Contractor fails to perform any of the provisions of the Agreement or so fails to make progress so as to endanger the performance of the Agreement in accordance with its terms;
 - c. Any goods or services provided under the Agreement are rejected and are not promptly replaced or corrected by Contractor or repeatedly rejected even though Contractor offers to correct the goods or services promptly;
 - d. There is sufficient evidence to show that fraud, collusion, conspiracy, or other unlawful means were used to obtain the Agreement;
 - e. Contractor is guilty of misrepresentation in connection with another contract for services to the State;
 - f. Contractor is adjudged bankrupt or enters into a general assignment for the benefit of its creditors or receivership due to insolvency;
 - g. Change in federal or State law or rules, or Contractor's, Treasurer's policies that would frustrate the purpose of the Agreement;
 - h. Contractor disregards or violates any applicable laws, rules, or the Treasurer's instructions, acts in violation of any provision of the Agreement, or the Agreement conflicts with any statutory or constitutional provision of the State of Illinois or the United States;
 - i. Any other breach of contract or other unlawful act by Contractor occurs;

- j. Contractor provides notice pursuant to Section Z or fails to provide such notice.

Prior to terminating the Agreement for cause, the Treasurer shall issue a written warning that outlines the remedial action necessary to bring Contractor into conformance with the Agreement. If such remedial action is not completed to the satisfaction of the Treasurer within thirty (30) business days, a second written warning may be issued. If satisfactory action is not taken by Contractor within five (5) business days of the date of the second written warning, the Agreement may be terminated immediately and the Treasurer may recover any and all damages including, but not limited to, damages involved with the transition to a new vendor including incidental and consequential damages. Failure by the Treasurer to issue a warning or cancel this Agreement does not waive any of the Treasurer's and rights to issue subsequent warnings or seek damages. If the Treasurer determines, in their sole discretion, that the circumstances are such that Contractor cannot cure by remedial action, the Treasurer may provide notice of cancellation, which shall be effective upon five (5) business days from the date of the notice

In addition, the Treasurer reserve the right to reduce the amount paid to Contractor as compensation for services under the Agreement during any period Contractor fails to perform with reasonable care any of its obligations under the Agreement.

3. Transition in the Event of Termination

Upon expiration of the notice periods outlined in D.1 and D.2, as applicable, Contractor shall take all reasonable steps necessary to effect an orderly transition of the relevant portions of its duties and responsibilities to Treasurer and/or or one or more successor provider, as designated by the Treasurer and/or , on the date specified by the Treasurer and that (i) provides for reasonable consideration for the best interests of the Account Owners, and ii) avoids the likelihood of an increase in economic loss, or the likelihood of resulting/or liability, to the parties to this Agreement ("Transition"). The duration of Transition may not exceed a period of twelve (12) consecutive months, unless otherwise mutually agreed upon by the parties.

Contractor shall use commercially reasonable efforts to ensure that during the Transition, it and its agents do not impede or delay the orderly transfer of work. Contractor shall be liable for any failure to effect the Transition pursuant to this Section.

Contractor shall be responsible for expenses to facilitate the Transition; provided that until the Transition is successfully completed. All provisions of this Agreement shall continue to be in full force and effect until the completion of a successful Transition.

E. Work Product

1. Ownership of work product.

Except as otherwise agreed to in writing, all work product including, but not limited to, documents, reports, data, information, designs, code and ideas specially produced, developed, or designed by Contractor pursuant to the Agreement, whether preliminary or final, and any copyright or service marks developed on behalf of the Treasurer, whether preliminary or final, (collectively, the "Work Product") will become and remain the

property of the Treasurer. The Treasurer shall have the right to use all such Work Product without restriction or limitation and without further compensation to Contractor.

2. Return of Work Product

Within thirty (30) days after expiration or termination of the Agreement, Contractor shall deliver to Treasurer or to a third party, if so instructed by the Treasurer, all Work Product in Contractor's possession in the performance of the Agreement. If requested by the Treasurer, Contractor shall certify in writing that all such Work Product has been delivered to the Treasurer.

F. State Furnished Property

Contractor shall be responsible for the security, protection, and return of all property furnished by the State of Illinois ("State"), if any, including, but not limited to, items, research materials, photographs, and drawings.

G. Internal Controls

Contractor shall annually provide the Treasurer at no additional charge, with a copy of the most recent Annual Report or Form 10-K of itself or its holding company and its most recent audited internal control documents, including, but not limited to, SOC, SSAE 16 and SSAE 18 reports, all of which shall include the attestation of the company's independent registered accounting firm regarding the company's internal control over financial reporting.

H. Back-up Facilities

Upon request, Contractor, and its subcontractor(s), if applicable shall provide the Treasurer a copy of their disaster recovery plan, back-up plan, and results of the annual audit of the disaster recovery plan.

I. Liability

The Treasurer assumes no liability for the acts or omissions of Contractor. This liability rests solely with Contractor. Contractor shall be liable to the Treasurer for actual and compensatory damages that are available to the Treasurer in law or remedies in equity.

J. Indemnification

Contractor shall indemnify and hold the Treasurer harmless from and against any and all losses, including, but not limited to, any liabilities; demands; claims; lawsuits; damages; causes of action; settlements; judgments, including costs, attorneys' and witnesses' fees and expenses incident thereto; or fines, any of which arise out of or relate to violation of applicable law, breach of the Agreement, the negligent acts or omissions, or willful misconduct by Contractor, its employees, or agents. Contractor has a duty to select, with due diligence, all other entities that shall be necessary to implement the Agreement. Contractor shall establish and enforce reasonable procedures to assure the Treasurer of the performance by all other entities of the services necessary to implement this Agreement.

K. Subcontractors

Contractor may not use subcontractors to perform the Services, unless the subcontractor is approved in advance by the Treasurer. In order to obtain such prior written consent, Contractor must inform the Treasurer in writing of the general type of work to be performed by each

subcontractor and the expected amount of money each will receive under the contract. If requested by the Treasurer, Contractor shall: (1) use its best efforts to engage any subcontractor reasonably requested by the Treasurer and (2) solicit and reasonably consider any feedback from the Treasurer on proposed subcontractor agreements. Further, Contractor shall disclose in writing the names and address of each subcontractor having a subcontract with an annual value of more than \$50,000, in accordance with Section 3520 of the Office of the Treasurer Procurement Rules, 44 Ill. Admin. Code Part 1400. To the extent consistent with the purposes of the Program, Contractor may propose additional subcontractors to perform certain Services at any time, subject to the written approval of such additional subcontractors and of the applicable subcontract by the Treasurer. Any decision by Contractor to terminate or permit assignment of any such subcontract so approved by the Treasurer must be approved in writing by the Treasurer. Neither Contractor nor any subcontractor so approved may delegate or subcontract the performance of Services for which it is responsible to any Affiliate or third party. No delegation or subcontract by Contractor pursuant to this Section shall relieve Contractor of any of its responsibilities hereunder, and Contractor shall be responsible for the performance of Services by its delegates and subcontractors and shall remain obligated hereunder as if no delegation or assignment by subcontract had been made. Contractor has a duty to select, with due diligence, all other entities that shall be necessary to implement the Agreement. Contractor shall establish and enforce reasonable procedures to assure the Treasurer of the performance by all other entities of the services necessary to implement this Agreement. Contractor warrants that all delegates and subcontractors engaged in performing the Services shall be properly licensed and otherwise authorized to do so under Applicable Law; and Contractor agrees that it shall enforce the performance obligations of each subcontractor or, at the option of the Treasurer, shall assist the Treasurer in enforcing such obligations and provisions. All approved subcontractors must fill out State Certifications and Disclosure Forms and any other documentation required by the Treasurer or State law..

L. Record Retention and Audit

This Section shall survive the termination of the Agreement.

Contractor and subcontractors, if any, shall maintain adequate books, records, and supporting documents related to the Agreement, including, but not limited to, those necessary to support amounts charged to the State under the Agreement, for a minimum of seven (7) years from the last action on the Agreement or after termination of the Agreement, whichever is longer. Contractor and subcontractors agree to cooperate fully with any audit conducted by the Auditor General, the Treasurer, and to provide full access to all materials requested. If any litigation or claim involving the Agreement has been filed or any audit commenced before the expiration of the seven (7) year period, Contractor shall maintain the records required by this Section 1) in the case of any litigation or claim, until completion of the action and resolution of all issues that arise from it or until the end of the seven (7) year period, whichever is later and 2) in the case of any audit, until completion of the audit or until the end of the seven (7) year period, whichever is later. Failure to maintain the books, records, and supporting documents required by this Section shall establish a presumption in favor of the Treasurer for the recovery of any funds paid by the Treasurer under the Agreement for which adequate books, records, and supporting documentation are not available to support their purported disbursement.

M. Reporting and Testing

Within ten (10) days after full execution of the Agreement, Contractor shall provide the Treasurer 1) a complete sample of all reports available on its online treasury management system and 2) access to Contractor's treasury management system for the purpose of testing the export of information into the following formats: PDF, BAI2, CSV, and TXT, samples of direct file transmissions to be imported into the Treasurer's treasury management system in BAI2 format. The reports and test export shall contain data that is specific to the services outlined in this Agreement.

N. Confidentiality

This Section shall survive the termination of the Agreement.

1. Confidential Information

Contractor shall be prohibited from using or disclosing information received in the course of fulfilling its obligations pursuant to the Agreement ("Confidential Information"), except in the performance of its internal responsibilities and normal functions and as directed by the Treasurer. Confidential Information includes all information but the following:

- a. Information already known or independently developed by the recipient;
- b. Information required to be released by law;
- c. Information in the public domain through no wrongful act of the recipient; and
- d. Information received from a third party who was free to disclose it.

2. Use of Confidential Information by Employees and Agents of Contractor

The requirement of confidentiality under this Agreement also applies to the employees and agents of Contractor. Contractor shall use its best efforts to ensure that its employees and agents adhere to the confidentiality requirements set forth herein. Use by and disclosure to Contractor's employees and agents of Confidential Information to the extent necessary to carry out the terms and purposes of this Agreement is acceptable.

3. Protection of Confidential Information

Contractor represents, warrants, and covenants that it has implemented and will maintain an information security program reasonably designed to protect the Confidential Information, including customer information, which program includes administrative, technical, and physical safeguards to ensure the security and confidentiality of all customer information, to protect against anticipated threats or hazards to the security or integrity of such customer information, and to protect against unauthorized access to or use of such customer information.

4. Privacy Policy

Contractor will comply with any applicable federal or state laws or regulations, as well as any privacy policy developed by the Treasurer. Contractor further agrees to establish, maintain, and comply with a privacy policy with respect to this Agreement that meets the

requirements of applicable law. Upon request, Contractor shall provide the Treasurer with the privacy policy.

5. Program Lists

Contractor specifically agrees that it shall not, and shall cause its subcontractors and affiliates not to sell, provide, or otherwise disclose information from, any program list to any third party, unless otherwise directed to or approved by the Treasurer or required by applicable law.

O. Successor and Assignment

Each term and provision of the Agreement is binding and enforceable against and inures to the benefit of any successors of the Treasurer and any successors of Contractor, but neither the Agreement nor any of the rights or obligations under the Agreement may be transferred or assigned without the Treasurer's prior written consent. Any attempt by Contractor or a subcontractor, if applicable, to transfer or assign any rights or obligations related to the Agreement without the prior written consent of the Treasurer shall render the Agreement voidable by the Treasurer. The Treasurer may unilaterally bind any successor of Contractor to the terms and conditions of the Agreement.

P. Certifications

Contractor shall certify the following:

1. That Contractor has the full legal right, power, and authority to execute and deliver the Agreement and to perform its obligations pursuant to the Agreement with no other corporate action on the part of Contractor or its stockholders being necessary, and that the Agreement has been duly and validly executed and delivered by Contractor, thereby constituting a legal, valid, and binding obligation of Contractor, enforceable against Contractor in accordance with its terms;
2. That the execution and delivery by Contractor of the Agreement, the performance by Contractor of its duties and obligations thereunder, and the consummation of the transactions contemplated do not result in any of the following:
 - a. Conflict with or result in a violation or breach of any of the terms, conditions, or provisions of the charter or by-laws of Contractor;
 - b. Conflict with or result in a violation or breach of any term or provision of (a) any law, rule, regulation, judgment, decree, order, or injunction applicable to Contractor or any of its assets and properties or (b) any agreement binding on or affecting Contractor or any of its properties; or
 - c. Conflict with or result in a violation or breach of or constitute (with or without notice or lapse of time or both) a default under any material agreement to which Contractor is a party, or any material obligation or responsibility which Contractor has to any third party.

3. That there is no action, suit, investigation, or proceeding pending or, to the best knowledge of the Contractor, threatened against the Contractor before any court, arbitrator, or administrative or governmental body that might result in any material adverse change in the operations of the Contractor, or which might materially and adversely affect the ability of the Contractor to perform the Services or otherwise comply with its obligations under the Agreement.

Q. Review

The Treasurer may conduct periodic performance reviews of Contractor, during which its compliance with all aspects of the Agreement will be reviewed and assessed.

R. Severability

If any provision, or portion thereof, of the Agreement is, or becomes, invalid under any applicable statute or rule of law, it is to be deemed stricken and the rest of the Agreement shall remain in full force and effect.

S. Access to Information

During the term of this Agreement, and thereafter, for seven (7) years after the termination of this Agreement, Contractor shall promptly provide the Treasurer, upon request, access to all files, records, documents, data, copies of instruments, reports, and records, and any other information maintained related to this Agreement and the Services provided pursuant to the Agreement, regardless of how that information is stored. The information shall be provided in a form acceptable to the Treasurer.

T. Change of Law or Policy

Contractor shall notify the Treasurer in writing within ten (10) business days of any change or addition applicable to Contractor in federal or state regulations or laws that would adversely affect either the terms of or the rights granted the Treasurer by the Agreement, and within five (5) business days of any legally required change in or addition to Contractor's internal operational policy that might affect the Contractor's performance of the Services, including, but not limited to, any policy that relates to management, maintenance, record keeping, safekeeping, custody, or subcontracting.

U. State Certifications/Disclosures

The Agreement shall incorporate Contractor's fully executed State Certifications and Disclosure Forms, a copy of which is attached hereto as Appendix F.

V. No Recourse

For any obligation or liability arising pursuant to the Agreement, no recourse may be had for such obligation or liability of the Treasurer, any employee or official of the Treasurer or the State in his or her personal or individual capacity. Contractor hereby waives all such obligations and liabilities of the Treasurer and any such employee or official.

W. Continuation of Services

Contractor shall guarantee performance of the Services and agree to perform all Services in an efficient and professional manner. Notwithstanding anything to the contrary in this Agreement, Contractor's obligations, and responsibilities pursuant to this Agreement shall not be affected in

the event of personnel problems, strike by employees, work stoppages, and other employee-related events. Contractor is responsible for and shall provide commercially reasonable backup systems and shall review the adequacy of those systems with the Treasurer upon request. The prevention of such business interruption shall be the sole responsibility of Contractor, and Contractor shall immediately notify the Treasurer in the event such business interruption takes place. Contractor shall be liable for any losses or damages sustained by the Treasurer due, in whole or in part, to Contractor's failure to provide reasonable backup systems.

X. Equity, Diversity, and Inclusion Data

Contractor shall respond to requests for data from the Treasurer as deemed necessary by the Treasurer to report on the Treasurer's use of equitable, diverse, and inclusive businesses in accordance with Section 30 of the State Treasurer Act, 15 ILCS 505. Contractor shall provide all requested data within thirty (30) days of any request, or within a timeframe otherwise agreed upon by the Treasurer.

Y. Sovereign Immunity

Contractor acknowledges that the Treasurer and the State of Illinois reserve all immunities, defenses, rights, or actions arising out of their status as a sovereign state or entity, including those under the Eleventh Amendment to the United States Constitution, and that no waiver of any such immunities, defenses, rights, or actions will be implied or otherwise deemed to exist as a result of the Agreement.

Z. Notice

The Contractor hereby agrees to give the Treasurer and notice if at any point during the term of the Agreement, Contractor or its officer(s) or principal(s), or affiliate(s) acting within the scope of their employment, become subject to a consent order, penalty or receive any other findings of fault as a result of any publicly disclosed enforcement action or other regulatory proceeding by any government entity, regulatory agency, or self-regulatory organization including, but not limited to: the Securities and Exchange Commission, Financial Industry Regulatory Authority, Department of Justice (including any United States Attorneys' Office), Consumer Financial Protection Bureau, Department of Labor, U.S. Department of the Treasury, Federal Deposit Insurance Corporation, any State Attorney General, or the Federal Reserve System. Contractor shall provide the Treasurer such notice within five (5) business days of when Contractor knows or reasonably should have known of the consent order, penalty other finding of fault. Contractor's delivery of notice pursuant to this Section or failure to provide the required notice shall give the Treasurer reason to terminate this Agreement for cause.

Appendix F 822 File Format

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DTM*009*050202***20\

DTM*150*XXXXXX Beginning Month Date***20\

DTM*151*XXXXXX Ending Month Date***20\

N1*BK*Bank Name*13*Bank ABA Number\

N3*Bank Street Address\

N4*Bank City*Bank State*Bank Zip Code\

PER*IC*Bank Contact*TE*Contact Telephone Number\

N1*AO*Account Title\

N2*Additional Account Title\

N2*Account Street Address\

N3*Account City, Account State Account Zip Code\

N4**Account State*Account Zip Code\

ACT*Account Number*Account Title*13*Bank ABA Number\

RTE*1*XX.XXXX Reserve Requirement\

DTM*151*XXXXXX Month of Analysis***20\

RTE*2*X.XXXX Earnings Credit Rate**XX Days in Month*XXX Year Basis\

DTM*151*XXXXXX Month of Analysis***20\

BAL*M*AL*Averge Ledger Balance\

AMT*FL*Averge Float\

AMT*AC*.Averge Collected Balance\

AMT*AD*.00\

AMT*CB*Balance Required\

AMT*NY*-Excess/Deficit Balance\

AMT*8*.00\

AMT*SC*Current Period Analyzed Charges\

AMT*NP*-Current Period Excess/Deficit\

AMT*PL*Averge Daily Book Balance\

AMT*5*Current Period Fees Due\

DTM*151*XXXXXX Month of Analysis***20\

SER*TB*000013XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Uncollected Overdraft Surcharge\
SER*TB*000211XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Overdraft Interest Fees\
SER*TB*000212XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Charge for Overdraft\
SER*TB*000230XXXX Bank ID Code*Balance Method*Charge*Price*Volume*FDIC\
SER*TB*000241XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Earnings Credit Adjustment\
SER*TB*010000XXXX Bank ID Code*Balance Method*Charge*Price*Volume*DDA Maintenance\
SER*TB*010100XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Debits\
SER*TB*010101XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Credits\
SER*TB*010310XXXX Bank ID Code*Balance Method*Charge*Price*Volume*DDA Statement Weekly\
SER*TB*010310XXXX Bank ID Code*Balance Method*Charge*Price*Volume*DDA Statement Monthly\
SER*TB*010630XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Audit Confirmation\
SER*TB*990000XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Miscellaneous\
SER*TB*250200XXXX Bank ID Code*Balance Method*Charge*Price*Volume*ACH Debits Received\
SER*TB*250201XXXX Bank ID Code*Balance Method*Charge*Price*Volume*ACH Credits Received\
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SER*TB*350103XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Wire Transfer Out Non-Rep Terminal\
SER*TB*350200XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Wire Transfer Out Rep Telephonic\
SER*TB*350201XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Wire Transfer Out Non-Rep Telephonic\
SER*TB*350300XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Wire Transfer Incoming\
SER*TB*350412XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Wire Transfer Advice\
SER*TB*010401XXXX Bank ID Code*Balance Method*Charge*Price*Volume*822 Acct Analysis customer dial-in\
SER*TB*010402XXXX Bank ID Code*Balance Method*Charge*Price*Volume*822 Acct Analysis bank transmission\
SER*TB*350000XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Wire Module Fee\
SER*TB*400052XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Domestic Information Maintenance Prior Day\
SER*TB*400272XXXX Bank ID Code*Balance Method*Charge*Price*Volume*On-Line Prior Day Per Transaction\
SER*TB*450001XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Domestic Custody Maintenance\
SER*TB*450140XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Domestic Custody Interest/Dividend Collection\
SER*TB*450170XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Domestic Custody Security Receipt/Presentment Fed\
SER*TB*450174XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Domestic Custody Security Receipt/Presentment DTC\
SER*TB*450176XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Domestic Custody Receipt/Delivery Fed\
SER*TB*45017BXXXX Bank ID Code*Balance Method*Charge*Price*Volume*Domestic Custody Receipt/Delivery DTC\
SER*TB*450400XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Investment/Custody Information Report\
SER*TB*450403XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Investment/Custody Information Report\
CTT*1\
SE*139*0000\
GE*1*000000000\
IEA*1*000000000\

Appendix B

PROPOSED COST STRUCTURE

* Note that activity has not occurred since 2020, however we require this option

<u>Description</u>	<u>TMA Code</u>	<u>Unit</u>	<u>Proposed Unit Price</u>
Uncollected Overdraft Surcharge	00-0013	Occurrence	
Overdraft Interest Fees	00-0211	Occurrence	
Charge for Overdraft	00-0212	Occurrence	
FDIC	00-0230	Variable/Pass Through	
Earnings Credit Adjustment	00-0241	Variable/Pass Through	
DDA Maintenance	01-0000	Account	
Debits Posted	01-0100	Item	
Credits Posted	01-0101	Item	
DDA Statement Internet	01-0337	Monthly	
Account Analysis Automated Internet	01-0407	Account	
Account Analysis 822 Internet	01-0447	Monthly	
Audit Confirmation	01-0630	Item	
Branch Deposit	10-0000	Item	
Branch Deposit Immediate Verification	10-0001	Item	
Branch Deposit Reconditioning	10-0003	Item	
Branch Deposit Delayed Processing	10-0007	Item	
Branch Deposit Bundled	10-000Z	Item	
Branch Deposit Coin Loose	10-0010	Item	
Branch Deposit Coin Rolled	10-0011	Item	
Branch Deposit in Non-Standard Bag	10-0012	Item	
Branch Deposit in Non-Standard Bag Subject to Count	10-0013	Item	
Branch Deposit Fed Standard Bag	10-0014	Item	
Branch Deposit Currency Loose	10-0015	Item	
Branch Deposit Currency Fed Standard Strap	10-0016	Item	
Branch Deposit Currency Half Strap	10-0017	Item	
Branch Deposit Coin and Currency-Fixed Fee	10-0018	Monthly	
Branch Deposit Post Verification	10-001A	Item	
Branch Deposit Coin/Currency Bundled	10-001Z	Item	
Branch Deposit Missing Deposit Ticket	10-0054	Item	
Branch Deposit Special	10-0055	Item	
Coin/Currency Adjustments	10-0501	Item	
Deposit Adjustment Notification-Internet	10-0515	Item	
Depsoit Adjustment Notification-Manual	10-0520	Item	
Deposit Reconciliation Maintenance	10-0600	Monthly	
Deposit Reconciliation Processing	10-0610	Item	
Deposit Reconciliation Reports	10-0707	Item	
ACH Debits Received	25-0200	Item	
ACH Credits Received	25-0201	Item	
ACH Debit Block	25-1050	Monthly	
ACH Account Filters	25-1051	Account	
ACH Debit Filter Review Notification	25-1053	Item	
ACH Positive Pay	25-1056	Account	
Funds Transfer System Maintenance	35-0000	Monthly	
Wire Transfer-Out Rep Terminal	35-0100	Item	
Wire Transfer-Out Non-Rep. Terminal	35-0104	Item	
Outgoing Book Transfer	35-0123	Item	
Wire Transfer Out-Rep Telephonic	35-0200	Item	
Wire Transfer Out-Non-Rep. Telephonic	35-0202	Item	
Wire Transfer-In	35-0300	Item	
Incoming Book Transfer	35-0320	Item	

Appendix B

<u>Description</u>	<u>TMA Code</u>	<u>Unit</u>	<u>Unit Price</u>
Cust Main Template Storage	35-0551	Item	
Internet Previous Day Maintenance	40-0050	Monthly	
Internet Current Day Maintenance	40-0053	Monthly	
Internet Previous Day Summary	40-0270	Account	
Internet Previous Day Detail	40-0271	Item	
Internet Current Day Summary	40-0273	Account	
Internet Current Day Detail	40-0274	Item	
Internet History	40-0341	Account	
Automatic Investment Maintenance	45-0020	Account	
Miscellaneous	99-0000	Pre-Approved	
Deposit Supplies Furnished-Deposit Tickets	10-0840	Pass Through	
DIRECT INVOICE TO STATE AGENCY			
Special Depository Services-Reporting	10-10ZZ	Report	
Grand Total of Proposed Monthly Services			

Illinois Department of Revenue Specific Banking Requirements

Background

The following are the proposed Illinois Department of Revenue (“IDOR”) requirements for receiving, processing, and reporting of cash tax payments received from participants in the Compassion Use of Medical Cannabis and Adult Recreational Use Programs. The taxes are paid by the estimated 21 Cultivators (“Cultivators”) and estimated 247 Dispensaries (“Dispensaries”) that have been issued licenses through these programs.

Timeframe

IDOR began to receive Cannabis related payments in September 2015. The successful Respondent must have completed and passed all of IDOR’s testing and reporting requirements and be ready for implementation by November 1, 2025.

Confidentiality, Security and Inspection Requirements

The Financial Institution shall be prohibited from using or disclosing confidential information received while providing cash processing services. The Financial Institution shall comply with the confidentiality requirements imposed on the Illinois Department of Revenue (IDOR) in Section 917 of the Illinois Income Tax Act (35 ILCS 5/917) and **Section 11 of the Retailers’ Occupation Tax Act (35 ILCS 120/11)**. Confidential information includes all information but the following: (i) information already known or independently developed by the recipient; (ii) information required to be released by law (iii) information in the public domain through no wrongful act of the recipient; and (iv) information received by the recipient from a third party who was free to disclose it. The Financial Institution shall comply with the following confidentiality provisions:

Confidentiality

Provisions for safeguarding Illinois Tax information are detailed in the Illinois Compiled Statutes, Chapter 35, Sections 5/917 (a) and **120/11**. All taxpayer payment and return information received by the successful bidder or its subcontractors, whether received from the taxpayer or the Department, shall be confidential except for official purposes and pursuant to official procedures for the collection of State of Illinois taxes. The Bank and its employees, any subcontractors and their employees shall be subject to the same civil and criminal penalties for unauthorized disclosure as Illinois Department of Revenue employees.

35 ILCS 5/917 (a) Confidentiality and information sharing

Except as provided in this Section, all information received by the Department from returns filed under this Act, or from any investigation conducted under the provisions of this Act, shall be confidential, except for official purposes within the Department or pursuant to official procedures for collection of any State tax or pursuant to an investigation or audit by the Illinois State Scholarship Commission of a delinquent student loan or monetary award or enforcement of any civil or criminal penalty or sanction imposed by this Act or by another statute imposing a State tax, and any person who divulges any such information in any manner, except for such purposes and pursuant to order of the Director or in accordance with a proper judicial order,

shall be guilty of a Class A misdemeanor. However, the provisions of this paragraph are not applicable to information furnished to a licensed attorney representing the taxpayer where an appeal or a protest has been filed on behalf of the taxpayer.

35 ILCS 120/11

All information received by the Department from returns filed under this Act, or from any investigation conducted under this Act, shall be confidential, except for official purposes, and any person, including a third party as defined in the Local Government Revenue Recapture Act, who divulges any such information in any manner, except in accordance with a proper judicial order or as otherwise provided by law, including the Local Government Revenue Recapture Act, shall be guilty of a Class B misdemeanor with a fine not to exceed \$7,500.

IDOR Employee Handbook: Chapter 5.34, Page 122 & 123

All information on any tax return, tax payment, or any document accompanying any tax return is confidential.

Unauthorized release of confidential taxpayer information may result in criminal prosecution under Illinois and federal laws, as well as disciplinary action up to and including discharge. Information provided to the department by any other government or private agency also must be considered sensitive and confidential.

You may not publish, divulge, disclose, or make known in any manner any information contained in any report, tax payment, or record when such information discusses or potentially could identify a taxpayer unless it is already a matter of public record.

You may not use any information obtained by virtue of your employment at the department for actual or anticipated gain for yourself or another person.

Additionally, all records and documents in the custody of or accessible by department employees are for official use as stated in the section entitled "Confidentiality and Care of official documents" (on Page 124) and are to be accessed for business reasons only.

No contractor or contractor employee may publish, divulge, disclose, or make known in any manner any information contained in any report, tax payment, or record when such information discusses or potentially could identify a taxpayer unless it is already a matter of public record.

A contractor or contractor employee may not use for private purposes or gain any information which was obtained in the course of the contract services.

All records and documents in the custody of or accessible by a contractor or contractor employee are for official business use only.

Violations of state confidentiality laws are prosecuted as Class A or Class B misdemeanors. Class A misdemeanors are punishable by a fine not to exceed \$2,500 and up to 364 days in jail or both. Class B misdemeanors are punishable by a fine not to exceed \$1,500 and up to six months in jail or both.

In addition to violating Illinois tax laws, persons who make unauthorized disclosures of federal tax information are subject to prosecution under the U.S. Internal Revenue Code. Divulging federal tax information, in any manner, that could identify a taxpayer is a felony punishable by up to five years in prison and a fine of up to \$5,000. The Internal Revenue Code also allows a taxpayer, about whom confidential information has been improperly released, to seek court-invoked civil damages for willful or negligent disclosure of information. The taxpayer has up to two years from the time the unauthorized disclosure is discovered to file suit.

The court may award the taxpayer the amount in actual damages incurred because of the disclosure (for example, income lost) as well as punitive damages in the case of willful disclosure or a disclosure which is the result of gross negligence, but in no case shall the plaintiff receive less than \$1,000 for each disclosure plus the costs of the action.

Security

The Financial Institution shall be subject to identical security confidentiality provisions as the IDOR employees, as established by IDOR in accordance with State Law.

Before securing employment with IDOR, all applicants may be requested to complete an employee security check authorization form which entitles IDOR to check the applicant's taxpaying history. Applicant's tax filing status must be current to secure employment. The Financial Institution must allow IDOR to complete a security check on any/all Financial Institution employees which will have access to taxpayer returns or tax payments, coupons, records, etc.

If a Financial Institution employee is found not to have a current filing status, the contractor must ensure that the contractor employee will not have access to IDOR taxpayer returns. For the Financial Institution's employee to obtain access to IDOR taxpayer returns his/her filing status must be made current and the employee security check authorization form cleared through IDOR Internal Affairs office.

Inspection

The IDOR shall have the right to send its officers and employees into the facilities of the financial institution for inspection of the facilities and operations provided for the performance of any work under the contract including the right to audit books and records and supporting documents.

Specific Requirements

I. Cannabis Tax Types

Financial Institution must be able to accept cash payments directly from the taxpayer/business for the following tax types:

Form	Type of Payment	Due Date	Payee
Form MC-1-V	Payment Voucher for Medical Cannabis Cultivation Privilege Tax	20 th of the month	Cultivators

Form MC-1-X-V	Payment Voucher for Amended Medical Cannabis Cultivation Privilege Tax	Varied	Cultivators
Form CC-1-V	Payment Voucher for Adult Use Cannabis Cultivation Privilege Tax	20 th of the month	Cultivators
Form CC-1-X-V	Payment Voucher for Amended Adult Use Cannabis Cultivation Privilege Tax	Varied	Cultivators
Form CD-1-V	Payment Voucher for Cannabis Dispensaries Tax	20 th of the month	Dispensaries
Form CD-1-X-V	Payment Voucher for Amended Cannabis Dispensaries Tax	Varied	Dispensaries
Form ST-1-V	Web Voucher for Sales and Use Tax Payment	20 th of the month	Dispensaries
Form ST-1X-V	Web Voucher for Amended Sales and Use Tax Payment	Varied	Dispensaries

The following are additional tax payments/coupons that may be received:

Form	Type of Payment	Due Date(s)	Payee
Form IL-501	Withholding Income Tax Payment Coupon	Weekly, Semi-Weekly or Monthly	
Form IL-941-V	Payment Voucher for Illinois Withholding Tax Return	Quarterly	
Form IL-941-X-V	Payment Voucher for Amended Illinois Withholding Tax Return	Varied	
Form IL-1120-V	Payment Voucher for Corporation Income and Replacement Tax	Same as the federal filing due date for the taxpayer. In general, Form IL-1120-V Payment is due on or before the 15th day of the 3rd month following the close of the tax year	
Form IL-1120-X-V	Payment Voucher for Amended Corporation Income and Replacement Tax	Varied	
Form IL-1120ST-V	Payment Voucher for Small Business Corporation Replacement Tax	The same as the taxpayer's federal filing due date. In general, Form IL-1120-ST is due on or before the 15th day of the 3rd month following the close of the tax year	
Form IL-1120ST-X-V	Payment Voucher for Amended Small Business Corporation Replacement Tax	Varied	
Form IL-1065-V	Payment Voucher for Partnership Replacement Tax	The same as the taxpayer's federal filing due date. In general, Form IL-1065 is due on or before the 15th day of the 4th month following the close of the tax year.	
Form IL-1065-X-V	Payment Voucher for Amended Partnership Replacement Tax	Varied	

Form IL-1041-V	Payment Voucher for Fiduciary Income and Replacement Tax	The Illinois filing due date is the same as the federal filing due date. In general, Form IL-1041 is due on or before the 15th day of the 4th month following the close of the tax year
Form IL-1041-X-V	Payment Voucher for Amended Fiduciary Income and Replacement Tax	Varied
Form IL-1040-V	Payment Voucher for Individual Income Tax Return Payment	April 15
Form IL-1040-X-V	Payment Voucher for Amended Individual Income Tax Return Payment	Varied
Form IL-1040-ES	Estimated Income Tax Payment Voucher	April 15, June 15, September 15, January 15
Form IL-505-I	Individual Income Tax Extension Payment Voucher	April 15

Please see Appendix D for a sample copy of the forms.

II. Processing

- A. Respondent(s) must be able to accept cash tax payments from the taxpayer/business at their designated facilities. Please list your facility location or locations in the State of Illinois that will accept cash tax payments.
- B. Respondent(s) must provide receipt, including the date and time stamp of the deposit, as well as verifying the total amount of the cash payment by taxpayer. See Appendix A to this Appendix C for specific processing requirements.
- C. Respondent(s) must provide credit to the Treasurer's account within 24 hours of the receipt of the cash payments.
- D. Respondent(s) will batch the paper coupon/vouchers based on IDOR's requirements and **will retain paper vouchers for 90 days after which they will properly destroy based on internal procedures.**
- E. **Respondents(s) must process at least one \$0.00 "test" transaction annually if no activity has occurred during that year.**

III. Batching and Transmission Requirements:

- A. **All coupons shall be imaged and sent to IDOR in a secured transmission within 24 hours of the cash deposit.**
- B. Secure transmission will be used to exchange reports and payment coupons. All attachments should be zipped into a single zip archive using Advanced Encryption Standard (AES) level encryption. WinZip 9.0 or newer can be used. Other tools may be used if all parties agree to use them.

IV. Reporting

The selected Respondent will create, at a minimum, the following required IDOR deposit management reports to accompany the transmission:

- A. **Cash Deposit Daily Summary Report that details total document count and total cash amount by form type. (prepared and transmitted daily).**
- B. **Cash Deposit Daily Taxpayer Activity Report that details tax type, received date, taxpayer name, taxpayer identification number, cash remittance amount, and each amount by voucher/coupon type. This report must include total deposit amount for each taxpayer. The total amounts must balance to the Daily Cash Deposit Summary Report (prepared and transmitted daily).**
- C. IDOR may request additional reports to be prepared on a request basis.
- D. The Respondent shall notify the Treasurer's Office and IDOR of deposit totals by no later than 8:30 a.m. Central Standard Time the following morning, or in the case of weekends or holidays, on the first workday following the deposit by the prescribed time. IDOR shall be notified by a secure transmission of the Cash Deposit Daily Summary Report and the Cash Deposit Daily Taxpayer Activity Report. The Treasurer shall be notified by secure transmission or email with encrypted attachments of the Cash Deposit Daily Summary Report and the Cash Deposit Daily Taxpayer Activity Report.
- E. Reports and payment coupons shall be exchanged by secure transmission. All attachments should be zipped into a single zip archive using Advanced Encryption Standard (AES) level encryption. WinZip 9.0 or newer can be used. Other tools may be used if all parties agree to use them.
- F. The Respondent must be able to recreate or resend the daily deposit reports upon request. If an error is found, the reports must be corrected and re-transmitted within 24 hours.

Please see **Appendix E to the RFP** for a sample copy of the report.

APPENDIX A

SYNOPSIS

PURPOSE: These requirements have been developed as a result of the Cannabis Regulation and Tax Act is 410 ILCS 705 with regard to Payment provisions for the Cultivation Privilege Tax as specified in Sec. 60-20 and the Payment provisions for the Purchaser Excise Tax in Section 65-30.

New online payment applications and tax forms have been developed specifically for the collection and reporting of taxes on Cultivators and Dispensaries of cannabis.

These requirements and procedures are to provide guidance and assistance to the successful bidder (*a.k.a.*, Bank) in accepting cash deposit transactions from Illinois taxpayers who are engaged in the cultivation, dispensing, and/or sale of Cannabis.

RECEIVING DOCUMENTS FROM A TAXPAYER

The Bank can only accept cash payments. If a taxpayer is attempting to pay by other means, direct the taxpayer to the nearest IDOR location to make their payment.

Taxpayers should bring an IDOR accepted coupon/voucher(s) and cash payment to the Bank to be processed. It is asked that taxpayers bring the required documents in the following format:

- a. Cash payment – according to internal procedures
 - b. Completed and matching payment coupon/voucher(s)
 - c. Acceptable IDOR coupon/voucher are attached in Appendix E to the RFP
-
1. If a tax return is included with the coupon/voucher(s).
 - a. Return the tax return to the taxpayer and direct them to follow the IDOR instructions for filing that specific tax returns and explain that the bank is only authorized to accept the cash payment with the voucher. Provide them with the IDOR informational bulletin so they can locate the nearest IDOR office if necessary.
 - b. Continue processing the payment and voucher(s) as per procedures
 2. Verify the payment amount according to internal procedures.

3. Verify that the coupon/voucher(s) and payment amount(s) match. If the amounts match, proceed to the **Processing Payment** procedures.

If a customer is paying a different amount than what is pre-printed on the coupon/voucher(s), refer to the **Correcting Coupon/Voucher** procedures.

If the customer does NOT have a coupon/voucher(s), refer to the **No Coupon/Voucher(s)** procedures and have the taxpayer fill out the appropriate IDOR approved blank coupon/voucher.

CORRECTING COUPON/VOUCHER(S)

Should a Taxpayer provide a coupon/voucher(s) with a different amount than the actual payment these procedures apply.

1. Have the Taxpayer cross through the pre-printed incorrect payment amount and write the correct amount being paid to IDOR. Then have the Taxpayer initial and date the corrected coupon/voucher(s).
2. Verify the payment amount per internal procedures
3. Verify the corrected payment amount on the voucher matches the cash payment presented.
4. Once payment amount is verified, continue to the **Processing Payment** procedures.

NO COUPON/VOUCHER(S)

Should a Taxpayer not provide a coupon/voucher(s) when attempting to pay taxes concerning the Medical Cannabis program.

1. Retrieve the appropriate IDOR approved blank coupon/voucher form
 - a. If there are no available IDOR approved blank voucher forms refer to internal procedures for obtaining the required form.
2. Have the taxpayer fill out the form. The following must be entered on the form.
 - a. Payment amount
 - b. Taxpayer account ID # or License number
 - c. Account name
 - d. Reporting Period
3. Continue to the **Processing Payment** procedures.

PROCESSING PAYMENT

Follow the procedures below to process the payment after a correctly filled out coupon/voucher is completed, and the payment amount is confirmed.

1. A teller stamp must be placed on the coupon/voucher before sending the payment and required documents IDOR.
2. Process cash payment as per internal procedures.
3. **Retain paper voucher for 90 days then destroy per internal procedures.**

ILLINOIS DEPARTMENT OF REVENUE CONTACT INFORMATION

Primary Contact with questions and referrals

Kirsten Holler
Credit Card and Cash Management
Electronic Commerce Division
101 W Jefferson Street MC 2-249
Springfield, IL 62794-9018
Office Phone: 217-524-2545
Alt Phone: 217-993-2192
Email: kirsten.holler@illinois.gov

Additional key contacts:

Philip James
Division Manager
Document Control and Deposit Division
101 W Jefferson St. 2-216
Springfield, IL 62794
Phone: 217-785-6045
Email: philip.james@illinois.gov

Kevin Anguish
Bureau Manager
Returns and Deposits Operations Bureau
101 W Jefferson St. 2-210
Springfield, IL 62794
Phone: 217-741-2905
Alt Phone: 217 670-3191
Email: kevin.anguish@illinois.gov

Seth Engelbrecht
Document Control and Deposit –Payment
Center
101 W Jefferson Street MC 3-232
PO Box 19018
Springfield, IL 62794-9018
Phone: 217-524-9466
Email: seth.engelbrecht@illinois.gov

Appendix D

We encourage you to pay electronically using **MyTax Illinois**. If you make your payment electronically do not file this form.

If you do not elect to pay electronically, pay the amount you owe on your Form MC-1, Medical Cannabis Cultivation Privilege Tax Return, using the MC-1-V at the bottom of this page.

Complete the MC-1-V below, and send it, along with your payment, to the address on the voucher.



(N-05/15)

Illinois Department of Revenue

MC-1-V

Payment Voucher for Medical Cannabis Cultivation Privilege Tax

Account ID: _____

License no.: **MC** - _____

Business name _____

Street address _____

City, State, ZIP _____

Reporting Period: ____ / ____
Month Year

\$ _____ . **00**
Payment amount

Mail this form and your payment to:

**SPRINGFIELD CASHIERING OPERATIONS
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19018
SPRINGFIELD IL 62794-9018**

We encourage you to pay electronically using **MyTax Illinois**. If you make your payment electronically do not file this form.

If you do not elect to pay electronically, pay the amount you owe on your Form MC-1-X, Amended Medical Cannabis Cultivation Privilege Tax Return, using the MC-1-X-V at the bottom of this page.

Complete the MC-1-X-V below, and send it, along with your payment, to the address on the voucher.



(N-05/15)

Illinois Department of Revenue

MC-1-X-V

Payment Voucher for Amended Medical Cannabis Cultivation Privilege Tax

Account ID: _____

License no.: **MC** - _____

Business name _____

Street address _____

City, State, ZIP _____

Reporting Period: ____ / ____
Month Year

\$ _____ . **00**
Payment amount

Mail this form and your payment to:

**SPRINGFIELD CASHIERING OPERATIONS
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19018
SPRINGFIELD IL 62794-9018**

You are required to pay electronically. Only use this form if you have received a waiver from the Illinois Department of Revenue. If you make your payment electronically do not file this form.



Illinois Department of Revenue

CC-1-V

(N-10/19)

Payment Voucher for Adult Use Cannabis Cultivation Privilege Tax Return

Account ID: _____

Reporting Period: ____ / ____
Month Year

License no.: ____ - ____

\$ _____ **.00**
Payment amount

Business name _____

Street address _____

City, State, ZIP _____

You are required to pay electronically. Only use this form if you have received a waiver from the Illinois Department of Revenue. If you make your payment electronically do not file this form.



Illinois Department of Revenue

CC-1-X-V

(N-10/19)

Payment Voucher for Amended Adult Use Cannabis Cultivation Privilege Tax Return

Account ID: _____

Reporting Period: _____ / _____
Month Year

License no.: _____

\$ _____ . **00**
Payment amount

Business name _____

Street address _____

City, State, ZIP _____

You are required to pay electronically. Only use this form if you have received a waiver from the Illinois Department of Revenue. If you make your payment electronically do not file this form.



Illinois Department of Revenue

CD-1-V

(N-10/19)

Payment Voucher for Cannabis Dispensary Tax Return



Account ID: _____

Reporting Period: _____ / _____
Month Year

License no.: _____ - _____

\$ _____ . **00**
Payment amount

Business name _____

Street address _____

City, State, ZIP _____

You are required to pay electronically. Only use this form if you have received a waiver from the Illinois Department of Revenue. If you make your payment electronically do not file this form.



(N-10/19)

Illinois Department of Revenue

CD-1-X-V

Payment Voucher for Amended Cannabis Dispensary Tax Return

Account ID: _____

Reporting Period: _____ / _____
Month Year

License no.: _____

\$ _____ . **00**
Payment amount

Business name _____

Street address _____

City, State, ZIP _____

ST-1 Sales Tax Internet Filing Program Payment Voucher

If you are not mandated to pay electronically using our Electronic Funds Transfer (EFT) Program, you may pay by paper check. To do so, print this voucher and enter the "Amount of payment". Mail your check and voucher to the address printed on the voucher.

Do not send an original or copy of a sales tax return that you filed using the Sales Tax WebFile Program.



ST-1-V WebFile Payment Voucher

Use this form only if your preprinted Form ST-1 payment voucher is not available.

This payment is for
reporting period:

Account ID:

Business name:

Address:

Confirmation no.:

Amount of payment:

\$ _____

Write your Account ID on your check.

Send your payment to:

ILLINOIS DEPARTMENT OF REVENUE
RETAILERS' OCCUPATION TAX
SPRINGFIELD IL 62796-0001

**This form is for limited use only***Most withholding payments should be made electronically or with preprinted, personalized forms — not the form below.***Who should use this payment coupon?**

If you are assigned to a monthly payment schedule, we encourage you to pay electronically. If you are assigned to the semi-weekly payment schedule, you are **required** to pay electronically.

You would only use this payment coupon to pay the Illinois Income Tax you withheld if

- you are a **NEW** business and have not yet received your registration information from us; or
- you have ordered, but not yet received, personalized payment coupons from us.

To request personalized payment coupons be mailed to you, contact our Taxpayer Assistance Division (TAD) at 1 800 732-8866 or 217 782-3336.

How do I make electronic payments?

- **MyTax Illinois**, available on our website at mytax.illinois.gov, is our online account filing and management program that is free of charge, to file, pay, and monitor your Illinois tax accounts.
- For information regarding our additional electronic options, including the Fed/State Employment Taxes (FSET) Program, a program for large employers and payroll companies, visit our website at tax.illinois.gov, call 217 782-6257, or email us at rev.taxpay@illinois.gov.

When are my payments due?

Important: If you have been notified that you are required to make semi-weekly payments, you must make your payments *electronically*.

Most taxpayers who use payment coupons are considered monthly payers. Monthly payers must pay by the 15th day of each month for amounts withheld the preceding month. You may pay more frequently using one of our electronic methods or preprinted payment coupons.

Do not use your return, Form IL-941, Illinois Withholding Income Tax Return, to pay more frequently.

See Publication 131, Withholding Income Tax Payment and Filing Requirements, and Publication 131-D, 2025 Withholding Income Tax Payment and Return Due Dates, for more information on payment requirements and due dates. **Do not** make a payment or submit a IL-501 if no Illinois income tax was withheld.

When is income tax considered withheld?

In Illinois, income tax is considered withheld on the date you pay your employees or others. This is important to determine when your payment is due. **Do not** estimate your withholding income tax.

How much should I pay?

The amount you pay is dependent upon the amount you withhold from your payee. For information on how to calculate withholding, see the 2025 Booklet IL-700-T, Illinois Withholding Tax Tables.

What if I need additional assistance?

- Visit our website at tax.illinois.gov
- Call us at 1 800 732-8866 or 217 782-3336 or TTY at 1 800 544-5304.
- Email us at rev.taxpay@illinois.gov.

IL-501 (R-12/24)

Printed by the authority of the state of Illinois - electronic only, 1 copy



Illinois Department of Revenue

Payment Coupon

IL-501

2025
Tax year

Complete the following information.

Federal employer identification number

Seq. number

Business name

Number and street address

City

State

ZIP

()
Daytime phone)

IL-501 (R-12/24)

Check the box to tell us the quarter that includes the month when you withheld the withholding income tax you are paying. Check one box only. Make sure to report all Form IL-501 payments on Form IL-941, Step 5, Line 4 for the corresponding quarter.

1

☐Jan
Feb
Mar

2

☐Apr
May
Jun

3

☐Jul
Aug
Sep

4

☐Oct
Nov
Dec

Amount paid:

\$

- Make check payable to "Illinois Department of Revenue" and write your FEIN and "IL-501" on the check

Mail to: **ILLINOIS DEPARTMENT OF REVENUE**
PO BOX 19447
SPRINGFIELD IL 62794-9447

NOTE: Do not mail Form IL-501 if you electronically pay or are reporting a zero amount.





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

We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- ◆ Avoid mailing delays.
- ◆ Save a trip to the post office and the price of a stamp.
- ◆ Get immediate confirmation of your payment.



To make your payment electronically, visit **tax.illinois.gov** or scan the QR code provided.

Special Note → You must use one of our electronic payment options if the department has notified you that you are required to make payments electronically.

If you choose to pay the amount you owe by mail, 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-1120-V" on your payment.
 - Make your check or money order payable to "Illinois Department of Revenue."
 - Mail your completed voucher **and** payment to the address shown on the voucher.

Note → If you are also filing your return by mail, you may attach your voucher and payment to the front page of your return, and mail your return, voucher, and payment together to the address shown on your return.

***** If you are not paying electronically, use this voucher to make all IL-1120 payments (extension, estimate, or return). *****

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



Illinois Department of Revenue

IL-1120-V

IL-1120-V (R-12/23)

**Payment Voucher for
Corporation Income
and Replacement Tax**

Mail to: Illinois Department of Revenue, P.O. Box 19038, Springfield, IL 62794-9038



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-1120-V" on your check or money order and make it payable to "Illinois Department of Revenue."

City: _____ State: _____ ZIP: _____

Phone: (_____) _____



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-1120-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.



Illinois Department of Revenue

IL-1120-X-V

IL-1120-X-V (R-12/23)

**Payment Voucher for
Amended Corporation
Income and Replacement Tax**

Official use only

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: _____

C/O: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____

Month _____ Year _____

\$ _____ **00**

Payment Amount (Whole dollars only)

Write your FEIN, tax year ending, and "IL-1120-X-V" on your check or money order and make it payable to "Illinois Department of Revenue."





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

We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- ◆ Avoid mailing delays.
- ◆ Save a trip to the post office and the price of a stamp.
- ◆ Get immediate confirmation of your payment.



To make your payment electronically, visit tax.illinois.gov or scan the QR code provided.

Special Note You must use one of our electronic payment options if the department has notified you that you are required to make payments electronically.

If you choose to pay the amount you owe by mail, 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-1120-ST-V" on your payment.
 - Make your check or money order payable to "Illinois Department of Revenue."
 - Mail your completed voucher **and** payment to the address shown on the voucher.

Note If you are also filing your return by mail, you may attach your voucher and payment to the front page of your return, and mail your return, voucher, and payment together to the address shown on your return.

***** If you are not paying electronically, use this voucher to make all IL-1120-ST payments (estimated, extension, pass-through, prepayment, or return). *****

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



Illinois Department of Revenue

IL-1120-ST-V

IL-1120-ST-V (R-12/23)

**Payment Voucher for Small
Business Corporation
Replacement Tax**

Mail to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053



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

FEIN: _____

Tax year ending

Name: _____

Month

Year

C/O: _____

\$ _____ **00**

Mailing address: _____

Payment Amount (Whole dollars only)

Write your FEIN, tax year ending, and "IL-1120-ST-V" on your check or money order and make it payable to "Illinois Department of Revenue."

City: _____ State: _____ ZIP: _____

Phone: (_____) _____



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-1120-ST-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.



Illinois Department of Revenue

IL-1120-ST-X-V

IL-1120-ST-X-V (R-12/23)

**Payment Voucher for Amended
Small Business Corporation
Replacement Tax**

Official use only

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: _____

C/O: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____

Month _____ Year _____

\$ _____ **00**

Payment Amount (Whole dollars only)

Write your FEIN, tax year ending, and "IL-1120-ST-X-V" on your check or money order and make it payable to "Illinois Department of Revenue."





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

We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- ◆ Avoid mailing delays.
- ◆ Save a trip to the post office and the price of a stamp.
- ◆ Get immediate confirmation of your payment.



To make your payment electronically, visit tax.illinois.gov or scan the QR code provided.

Special Note → You must use one of our electronic payment options if the department has notified you that you are required to make payments electronically.

If you choose to pay the amount you owe by mail, 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-V" on your payment.
 - Make your check or money order payable to "Illinois Department of Revenue."
 - Mail your completed voucher **and** payment to the address shown on the voucher.

Note → If you are also filing your return by mail, you may attach your voucher and payment to the front page of your return, and mail your return, voucher, and payment together to the address shown on your return.

***** If you are not paying electronically, use this voucher to make all IL-1065 payments (estimated, extension, pass-through, prepayment, or return). *****

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



Illinois Department of Revenue

IL-1065-V

IL-1065-V (R-12/23)

**Payment Voucher
for Partnership
Replacement Tax**

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053



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: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____

\$

00

Payment Amount (Whole dollars only)

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



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.



Illinois Department of Revenue

IL-1065-X-V

IL-1065-X-V (R-12/23)

**Payment Voucher for
Amended Partnership
Replacement Tax**

Official use only

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: _____

C/O: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____

Month _____ Year _____

\$ _____ **00**

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."





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

We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- ◆ Avoid mailing delays.
- ◆ Save a trip to the post office and the price of a stamp.
- ◆ Get immediate confirmation of your payment.



To make your payment electronically, visit tax.illinois.gov or scan the QR code provided.

Special Note → You must use one of our electronic payment options if the department has notified you that you are required to make payments electronically.

If you choose to pay the amount you owe by mail, 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-1041-V" on your payment.
 - Make your check or money order payable to "Illinois Department of Revenue."
 - Mail your completed voucher **and** payment to the address shown on the voucher.

Note → If you are also filing your return by mail, you may attach your voucher and payment to the front page of your return, and mail your return, voucher, and payment together to the address shown on your return.

***** If you are not paying electronically, use this voucher to make all IL-1041 payments (extension, pass-through, prepayment, or return). *****

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



Illinois Department of Revenue

IL-1041-V

IL-1041-V (R-12/23)

**Payment Voucher for
Fiduciary Income and
Replacement Tax**

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053



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

FEIN: _____

Tax year ending

Name: _____

Month

Year

C/O: _____

\$ _____ **00**

Payment Amount (Whole dollars only)

Mailing address: _____

Write your FEIN, tax year ending, and "IL-1041-V" on your check or money order and make it payable to "Illinois Department of Revenue."

City: _____ State: _____ ZIP: _____

Phone: (_____) _____



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-1041-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.



Illinois Department of Revenue

IL-1041-X-V

IL-1041-X-V (R-12/23)

**Payment Voucher for
Amended Fiduciary
Income and Replacement Tax**

Official use only

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-1041-X-V" on your check or money order and make it payable to "Illinois Department of Revenue."

City: _____ State: _____ ZIP: _____

Phone: (_____) _____



We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
- Get immediate confirmation of your payment.

Visit **mytax.illinois.gov** to electronically pay.

If you prefer to pay the amount you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-1040-V at the bottom of this page and send it, along with your payment, to the address on the voucher.

Important: Do not redact Social Security Number(s) as this can cause processing delays.

IL-1040-V (R-12/24) Printed by authority of the State of Illinois, web only-1.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



(R-12/24)

Illinois Department of Revenue

2024 IL-1040-V

Payment Voucher for Individual Income Tax

Your payment is due April 15, 2025.

Your Social Security number

Spouse's Social Security number

\$ _____
Payment amount

Your first name and initial Spouse's first name and initial Your last name

Street address

City

State

ZIP

Make your check payable to and mail to
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

Write your Social Security number(s) on your check.



STOP: If no payment is due, do not file this form.

We encourage you to pay electronically at **mytax.illinois.gov**. If you make your payment electronically do not file this form.

If you do not elect to pay electronically, pay the amount you owe on your Form IL-1040-X, Amended Individual Income Tax Return, using the IL-1040-X-V at the bottom of this page. Complete the IL-1040-X-V below and send it, along with your payment, to the address on the voucher.

Important: Do not redact Social Security Number(s) as this can cause processing delays.

IL-1040-X-V (R-12/24) Printed by authority of the State of Illinois, web only-1.

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



Illinois Department of Revenue

2024 IL-1040-X-V

(R-12/24)

Payment Voucher for Amended Individual Income Tax

Write your Social Security number(s) on your check.

Your Social Security number

Spouse's Social Security number

\$ _____
Payment amount

Your first name and initial Spouse's first name and initial Your last name

Street address

Make your check payable to and mail to
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19007
SPRINGFIELD IL 62794-9007

City

State

ZIP



Record of Estimated Tax Payments		
Voucher Amount	Voucher Date	Check or money order number
Total		

Important: Do not redact Social Security Number(s) as this can cause processing delays.

IL-1040-ES (R-12/23) Page 3 of 3



Illinois Department of Revenue

IL-1040-ES 2024

Estimated Income Tax Payment for Individuals

Official Use

Enter your Social Security numbers in the order they appear on your federal return.

Your Social Security number

Spouse's Social Security number

Your first name and initial

Spouse's first name and initial

Your last name

Street address

City

State

ZIP

Your daytime phone number ()

IL-1040-ES (R-12/23)

Calendar-Year Taxpayers

Your estimated tax payments are due on

● April 15, 2024

● September 16, 2024

● June 17, 2024

● January 15, 2025

➔

\$

Amount of payment (Whole dollars only)

Make check payable and mail this voucher to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62736-0001



We encourage all taxpayers to pay electronically whenever possible.

By paying electronically, you can . . .

- Avoid mailing delays.
- Save a trip to the post office and the price of a stamp.
- Get immediate confirmation of your payment.

Visit **mytax.illinois.gov** to electronically pay.

If you prefer to pay the amount of tentative tax you owe on your Form IL-1040, Individual Income Tax Return, by mail, complete the IL-505-I at the bottom of this page and send it, along with your payment, to the address on the voucher.


Important: Do not redact Social Security Number(s) as this can cause processing delays.


STOP Do not file Form IL-505-I if no payment is due or if you make this payment electronically or by credit card. **STOP**



IL-505-I (R-12/24)

Page 3 of 3

Return only the bottom portion with your payment. 

 **Illinois Department of Revenue**
IL-505-I 2024
Automatic Extension Payment for Individuals

Official Use

Enter your Social Security numbers in the order they appear on your federal return.

Your Social Security number

Spouse's Social Security number

Your first name & initial

Spouse's first name & initial

Your last name

Street address

City

State

ZIP

()

Daytime phone number

IL-505-I (R-12/24)



STOP Do not file this form if no payment is due or you pay electronically or by credit card.

For calendar year ending
12/24 or fiscal year ending

Month and year

→ \$.00
Tentative tax due (Whole dollars only)

Make your check or money order payable to and mail to:

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19005
SPRINGFIELD IL 62794-9005

Appendix E

Deposit Date: Financial Institution Name

State of Illinois, Department of Revenue

Bank Account: xxxxxx12345

Cash Deposit Daily Summary Report

<u>Voucher/Form</u>	<u>Document Count</u>	<u>Total Dollars</u>
MC-1-V	5	\$ 5,000.00
MC-1-X-V	5	\$ 5,000.00
CC-1-V	5	\$ 5,000.00
CC-1-X-V	5	\$ 5,000.00
CD-1-V	5	\$ 5,000.00
CD-1-X-V	5	\$ 5,000.00
ST-1-V	5	\$ 5,000.00
ST-1X-V	5	\$ 5,000.00
IL-501	5	\$ 5,000.00
IL-941-V	5	\$ 5,000.00
IL-941-X-V	5	\$ 5,000.00
IL-1120-V	5	\$ 5,000.00
IL-1120-X-V	5	\$ 5,000.00
IL-1120ST-V	5	\$ 5,000.00
IL-1120ST-X-V	5	\$ 5,000.00
IL-1065-V	5	\$ 5,000.00
IL-1065-X-V	5	\$ 5,000.00
IL-1041-V	5	\$ 5,000.00
IL-1040-X-V	5	\$ 5,000.00
IL-1040-ES	5	\$ 5,000.00
IL-505-I	5	\$ 5,000.00
<hr/>		
	105	\$ 105,000.00

Cannabis Daily Taxpayer Activity Report

<u>Tax Type</u>	<u>Taxpayer Name and ID #</u>	<u>Payment Amount</u>
MC-1-V		1
MC-1-X-V		1
CC-1-V		1
CC-1-X-V		1
CD-1-V		1
CD-1-X-V		1
ST-1-V		1
ST-1X-V		1
IL-501		1
IL-941-V		1
IL-941-X-V		1
IL-1120-V		1
IL-1120-X-V		1
IL-1120ST-V		1
IL-1120ST-X-V		1
IL-1065-V		1
IL-1065-X-V		1
IL-1041-V		1
IL-1040-X-V		1
IL-1040-ES		1
IL-505-I		1
	Grand Total	<hr/> 21

Appendix F

ILLINOIS STATE TREASURER CERTIFICATIONS

_____ (“CONTRACTOR”) makes the following certifications and by completing these certifications agrees to the following:

1.0 ANTI-BRIBERY.

The CONTRACTOR certifies that it is not barred from being awarded a contract or subcontract under Section 50-5 of the Illinois Procurement Code (30 ILCS 500/50-5). Section 50-5 prohibits a contractor from entering into a contract with a State agency if the contractor has been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, or if the contractor has made an admission of guilt of such conduct with is a matter of record. The CONTRACTOR acknowledges that the Chief Procurement Officer may declare void the agreement for which these certifications are provided and, if applicable, to which they are attached (“Agreement”) if this certification is false.

2.0 BID-RIGGING/BID-ROTATING.

The CONTRACTOR certifies that it has not been barred from contracting with a unit of State or local government as a result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961 (720 ILCS 5/33E-3, 33E-4).

3.0 DRUG FREE WORKPLACE.

- a. If the CONTRACTOR employs 25 or more employees and this Agreement is worth more than \$5,000, the CONTRACTOR certifies it will provide a drug free workplace pursuant to the Drug Free Workplace Act (30 ILCS 580).
- b. If the CONTRACTOR is an individual and this Agreement is worth more than \$5,000, the CONTRACTOR certifies it shall not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during the performance of the contract.

4.0 U.S. EXPORT ACT.

The CONTRACTOR certifies that neither the CONTRACTOR nor any substantially-owned affiliated company is participating or shall participate in an international boycott in violation of the provisions of the U.S. Export Administration Act of 1979 (50 U.S.C.A. App. § 2401 et seq.) or the regulations of the U.S. Department of Commerce promulgated under that Act.

5.0 NON-DISCRIMINATION.

The CONTRACTOR certifies that it is in compliance with the State and Federal Constitutions, the U.S. Civil Rights Act, Section 504 of the Federal Rehabilitation Act, and all applicable rules that prohibit unlawful discrimination in performance of this Agreement and all other activities, including employment and other contracts. As a condition of receiving the Agreement, the CONTRACTOR represents or certifies that services, programs and activities provided under the Agreement are and will

continue to be in compliance with State and Federal Constitutions, the U.S. Civil Rights Act, Section 504 of the Federal Rehabilitation Act, and all applicable laws that prohibit unlawful discrimination.

6.0 AMERICANS WITH DISABILITIES ACT.

The CONTRACTOR certifies that it is in compliance with the Americans with Disabilities Act (“ADA”) (42 U.S.C. 12101 et seq.) and the regulations thereunder (28 CFR 35.130), which prohibit discrimination against persons with disabilities by the Office of the Illinois State Treasurer (“Treasurer”), whether directly or through contractual arrangements, in the provision of any aid, benefit or service. As a condition of receiving the Agreement, the CONTRACTOR represents or certifies that services, programs and activities provided under the Agreement are and will continue to be in compliance with the ADA.

7.0 ILLINOIS HUMAN RIGHTS ACT.

The CONTRACTOR certifies that it is presently in compliance with all of the terms, conditions and provisions of Section 5/2-105 of the Illinois Human Rights Act (775 ILCS 5/2-105), together with all rules and regulations promulgated and adopted pursuant thereto.

8.0 FELONY.

If the CONTRACTOR has been convicted of a felony, CONTRACTOR certifies at least five years have passed after the date of completion of the sentence for such felony, unless no person held responsible by a prosecutor’s office for the facts upon which the conviction was based continues to have any involvement with the business (30 ILCS 500/50-10). The CONTRACTOR further acknowledges that the Chief Procurement Officer may declare the Agreement void if this certification is false.

9.0 FORMER EMPLOYMENT.

The CONTRACTOR, if an individual, sole proprietor, partner or an individual as member of a LLC, has informed the Treasurer in writing if the CONTRACTOR was formerly employed by the Treasurer and has received an early retirement incentive under Section 14-108.3 or 16-133.3 of the Illinois Pension Code (30 ILCS 105/15a).

10.0 INDUCEMENT.

The CONTRACTOR has not paid any money or valuable thing to induce any person to refrain from bidding on a State contract, nor has the CONTRACTOR accepted any money or other valuable thing, or acted upon the promise of same, for not bidding on a State contract. 30 ILCS 500/50-25.

11.0 REVOLVING DOOR PROHIBITION.

The CONTRACTOR certifies that neither it nor its employees and agents are in violation of Section 50-30 of the Illinois Procurement Code (30 ILCS 500/50-30). Section 50-30 prohibits for a period of (2) years after terminating an affected position certain State employees and their designees

from engaging in any procurement activity relating to the State agency most recently employing them for a specified period of time.

12.0 REPORTING ANTICOMPETITIVE PRACTICES.

The CONTRACTOR shall report to the Treasurer’s Executive Inspector General, the Illinois Attorney General and the Chief Procurement Officer any suspected collusion or other anticompetitive practice among any bidders, offerors, contractors, proposers or employees of the State. 30 ILCS 500/50-40, /50-45.

13.0 DISCRIMINATORY CLUB.

The CONTRACTOR agrees not to pay any dues or fees on behalf of its employees or agents or subsidize or otherwise reimburse them for payments of any dues or fees to a discriminating club as prohibited by Section 2 of the Discriminatory Club Act (775 ILCS 25/2).

14.0 TAXPAYER IDENTIFICATION NUMBER AND LEGAL STATUS OF CONTRACTOR.

The CONTRACTOR shall be in compliance with applicable tax requirements and shall be current payment of such taxes. Under penalty of perjury, the CONTRACTOR certifies that # _____ is its correct Taxpayer Identification Number and that it is doing business as a (please check one):

- | | |
|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Government Entity |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Nonresident alien |
| <input type="checkbox"/> Partnership/Legal Corporation | <input type="checkbox"/> Estate or trust |
| <input type="checkbox"/> Tax Exempt | <input type="checkbox"/> Pharmacy (Non-Corp.) |
| <input type="checkbox"/> Corporation providing or billing medical and/or health care services | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.) |
| <input type="checkbox"/> Corporation NOT providing or billing medical and/or health care services | <input type="checkbox"/> Limited Liability Company (select applicable tax classification.) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> C = corporation |
| | <input type="checkbox"/> P = partnership |

15.0 LICENSE; AUTHORIZED BIDDER OR OFFEROR.

The CONTRACTOR, directly or through its employees, shall have and maintain any license required by this Agreement. The CONTRACTOR further certifies that it is a legal entity that was authorized to do business in Illinois prior to the submission of any bid, offer, or proposal for this Agreement pursuant to Section 20-43 of the Illinois Procurement Code (30 ILCS 500/20-43).

16.0 APPROPRIATION.

This Agreement is subject to termination and cancellation in any year for which the General Assembly fails to make an appropriation for payments under the terms of the Agreement.

17.0 RECORDS RETENTION; RIGHT TO AUDIT.

The CONTRACTOR agrees to maintain books and records related to the performance of the Agreement and necessary to support amounts charged to the State under the Agreement for a minimum of three years from the last action on the Agreement or after termination of the Agreement, whichever is longer. The CONTRACTOR further agrees to cooperate fully with any audit and to make the books and records available for review and audit by the Auditor General, Chief Procurement Officer, internal auditor and the Treasurer; the CONTRACTOR agrees to cooperate fully with any audit conducted by the Auditor General or the Treasurer and to provide full access to all requested materials. The three-(3)-year period shall be extended for the duration of any audit in progress during the term. Failure to maintain the books, records and supporting documents required by this Section shall establish a presumption in favor of the State for the recovery of any funds paid by the State under this Agreement for which adequate books, records, and supporting documentation are not available to support their purported disbursement.

18.0 CONFLICTS OF INTEREST.

The CONTRACTOR has disclosed, and agrees that it is under a continuing obligation to disclose, to the Treasurer financial or other interests (public or private, direct or indirect) that may be a potential conflict of interest that would prohibit the CONTRACTOR from entering into or performing the Agreement. Conflicts of interest include, but are not limited to, conflicts under Section 1400.5020 of the Treasurer's Procurement Rules (44 Ill. Adm. Code 1400.5020) and Article 50 of the Illinois Procurement Code (30 ILCS 500/50).

19.0 LATE PAYMENTS.

Payments, including late payment charges, if any, will be paid in accordance with the the Illinois Prompt Payment Act (30 ILCS 540/1) and the Illinois Administrative Code (74 Ill. Adm. Code 900). This shall be the CONTRACTOR's sole remedy for late payments by the Treasurer. Payment terms contained on the CONTRACTOR's terms or invoices shall have no force and effect.

20.0 LIABILITY.

The State's liability for damages is expressly limited by and subject to the provisions of the Illinois Court of Claims Act (705 ILCS 505/1) and to the availability of suitable appropriations.

21.0 DEBT DELINQUENCY.

The CONTRACTOR certifies that neither it, nor any affiliate, is barred from being awarded a contract or subcontract under Section 50-11 of the Illinois Procurement Code (30 ILCS 500/50-11). Section 50-11 prohibits a contractor from entering into a contract with the Treasurer if it knows or should know that it, or any affiliate, is delinquent in the payment of any debt to the State as defined by the Debt Collection Board. The CONTRACTOR further acknowledges that the Treasurer's Office may declare the Agreement void if this certification is false or if the CONTRACTOR or any affiliate is determined to be delinquent in payment of any debt during the term of the Agreement.

22.0 EDUCATIONAL LOAN DEFAULT.

The CONTRACTOR, if an individual, sole proprietor, partner or an individual as member of a LLC, certifies that CONTRACTOR is not barred from being awarded a contract under the Educational Loan Default Act (5 ILCS 385). Section 3 of the Educational Loan Default Act prohibits an individual from entering into a contract with the Treasurer if that individual is in default of an educational loan. The CONTRACTOR further acknowledges that the Treasurer may declare the Agreement void if this certification is false or if the CONTRACTOR is determined to be in default on an educational loan during the term of the Agreement.

23.0 FORCE MAJEURE.

Failure by either party to perform its duties and obligations shall be excused by unforeseeable circumstances beyond its reasonable control, including acts of nature, acts of the public enemy, riots, labor or material shortages, labor disputes, fire, flood, explosion, legislation, and governmental regulation.

24.0 ANTITRUST ASSIGNMENT.

The CONTRACTOR hereby assigns, sells and transfers to the State of Illinois all right, title and interest in and to any claims and causes of action arising under antitrust laws of Illinois or the United States relating to the subject matter of the Agreement.

25.0 PROHIBITION OF GOODS FROM FORCED LABOR.

The CONTRACTOR certifies that it is not barred from being awarded a contract under the State Prohibition of Goods from Forced Labor Act (30 ILCS 583). Section 10 of the State Prohibition of Goods from Forced Labor Act prohibits a contractor from entering into a contract with the Treasurer if that contractor knew that the foreign-made equipment, materials, or supplies furnished to the State were produced in whole or part by forced labor, convict labor, or indentured labor under penal sanction. The CONTRACTOR further acknowledges that the Treasurer may declare the Agreement void if this certification is false or if the CONTRACTOR is determined to have known that the foreign-made equipment, materials, or supplies furnished to the State during the term of the Agreement were produced in whole or part by forced labor, convict labor, or indentured labor under penal sanction.

26.0 PROHIBITION OF GOODS FROM CHILD LABOR.

The CONTRACTOR certifies that no foreign-made equipment, materials, or supplies furnished to the State under the Agreement have been produced in whole or in part by the labor of any child under the age of 12. 30 ILCS 584.

27.0 SARBANES-OXLEY ACT AND ILLINOIS SECURITIES LAW.

The CONTRACTOR certifies that it is not barred from being awarded a contract or subcontract under Section 50-10.5 of the Illinois Procurement Code (30 ILCS 500). Section 50-10.5, amongst other things, prohibits a contractor from bidding or entering into a contract or subcontract with the

Treasurer if the contractor or any officer, director, partner, or other managerial agent of the contractor has been convicted in the last 5 years of a felony under the Sarbanes-Oxley Act of 2002 or a Class 3 or Class 2 felony under the Illinois Securities Law of 1953 or if the contractor is in violation of subsection (e). The CONTRACTOR further acknowledges that the Treasurer may declare the agreement void if this certification is false or if the CONTRACTOR is determined to have been convicted of a felony under the Illinois Sarbanes-Oxley Act of 2002 or a Class 3 or Class 2 felony under the Illinois Securities Law of 1953 during the term of the agreement.

28.0 DISPUTES.

Any claim against the State arising out of this Agreement must be filed exclusively with the Illinois Court of Claims (705 ILCS 505/1). The State shall not enter into binding arbitration to resolve any agreement dispute. The State of Illinois does not waive sovereign immunity by entering into this Agreement. Any provision containing a citation to an Illinois statute (cited "ILCS") may not contain the complete statutory language. The official text, which is incorporated by reference, may be found in the appropriate chapter and section of the Illinois Compiled Statutes. An unofficial version may be viewed at www.ilga.gov.

29.0 THIRD-PARTY PAYMENTS.

The CONTRACTOR certifies that no fee was paid to a third-party in expectation of being awarded a contract by the Treasurer.

30.0 MOST FAVORABLE TERMS.

If more favorable terms are granted by the CONTRACTOR to any similar governmental agency in any state in a contemporaneous agreement let under the same or similar financial terms and circumstances for comparable supplies or services, the more favorable terms will be applicable under the Agreement between the Treasurer and the CONTRACTOR. The CONTRACTOR shall promptly notify the Treasurer in any event where such more favorable terms should apply.

31.0 BOARD OF ELECTIONS REGISTRATION.

The CONTRACTOR certifies that it has read, understands, and is in compliance with the registration requirements of the Elections Code (10 ILCS 5/9-35) and the restrictions on making political contributions and related requirements of the Illinois Procurement Code (30 ILCS 500/20-160 and 50-37). The CONTRACTOR will not make a political contribution that will violate these requirements.

In accordance with Section 20-160 of the Illinois Procurement Code, the CONTRACTOR certifies as applicable:

_____ The CONTRACTOR is **not required to register** as a business entity with the State Board of Elections.

(or)

_____ The CONTRACTOR **has registered** as a business entity with the State Board of Elections and acknowledges a continuing duty to update the registration.

32.0 COLLECTION AND REMITTANCE OF ILLINOIS USE TAX.

The CONTRACTOR certifies that it is not barred from being awarded a contract under Section 50-12 of the Illinois Procurement Code (30 ILCS 500/50-12). Section 50-12 prohibits a contractor from entering into a contract or subcontract with a State agency if the contractor or affiliate has failed to collect and remit Illinois Use Tax on all sales of tangible personal property into the State of Illinois in accordance with the provisions of the Illinois Use Tax Act. The CONTRACTOR further acknowledges that the contract or subcontract may be voided if this certification is false.

33.0 ENVIRONMENTAL PROTECTION ACT VIOLATIONS.

The CONTRACTOR certifies that it is not barred from being awarded a contract or subcontract under Section 50-14 of the Illinois Procurement Code (30 ILCS 500/50-14). Section 50-14 prohibits a contractor from entering into a contract or subcontract with a State agency if the contractor has been found by a court or the Pollution Control Board to have committed a willful or knowing violation of the Environmental Protection Act within the last (5) years. The CONTRACTOR further acknowledges that the contracting State agency may declare the related contract or subcontract void if this certification is false.

34.0 LEAD POISONING PREVENTION ACT VIOLATIONS.

The CONTRACTOR certifies that it is not barred from entering into a contract or subcontract under Section 50-14.5 of the Illinois Procurement Code (30 ILCS 500/50-14.5). Section 50-14.5 prohibits a CONTRACTOR from entering into a contract or subcontract with the State of Illinois or a State agency if the CONTRACTOR, while the owner of a residential building, committed a willful or knowing violation of the Lead Poisoning Prevention Act (410 ILCS 45). The CONTRACTOR further acknowledges that the Treasurer may declare the Agreement or any related subcontract void if this certification is false.

35.0 BOND ISSUANCES.

The CONTRACTOR certifies that it is not barred from being awarded a contract or subcontract under Section 50-21 of the Illinois Procurement Code (30 ILCS 500/50-21). Section 50-21 prohibits State agencies from entering into contracts or subcontracts with respect to the issuances of bonds or other securities by the State or a State agency with any entity that uses an “independent consultant” as defined in Section 50-21.

36.0 POLITICAL CONTRIBUTIONS.

The CONTRACTOR certifies that it is not barred from being awarded a contract or subcontract under Section 50-37 of the Illinois Procurement Code (30 ILCS 500/50-37). Section 50-37 prohibits business entities whose contracts with State agencies, in the aggregate, annually total more than \$50,000, or whose aggregate pending bids and proposals on State contracts total more than \$50,000, and any affiliated entities or affiliated persons of such business entity, from making any contributions

to any political committee established to promote the candidacy of the office holder responsible for awarding the contract on which the business entity has submitted a bid or proposal during the period beginning on the date the invitation for bids or request for proposals are issued and ending on the day after the date the contract is awarded.

37.0 LOBBYING RESTRICTIONS.

The CONTRACTOR certifies that it is not barred from being awarded a contract or subcontract under Section 50-38 of the Illinois Procurement Code (30 ILCS 500/50-38). Section 50-38 prohibits a contractor from billing the State for any lobbying costs, fees, compensation, reimbursements, or other remuneration provided to any lobbyist who assisted the contractor in obtaining the contract or subcontract, and prohibits a contractor from retaining a person or entity to attempt to influence the outcome of a procurement decision for compensation contingent in whole or in part upon the decision or procurement.

38.0 DISCLOSURE OF BUSINESS OPERATIONS WITH IRAN (30 ILCS 500/50-36)

Each bid, offer, or proposal submitted for a State contract, other than a small purchase defined in Section 20-20 [of the Illinois Procurement Code], shall include a disclosure of whether or not the bidder, offeror, or proposing entity, or any of its corporate parents or subsidiaries, within the 24 months before submission of the bid, offer, or proposal had business operations that involved contracts with or provision of supplies or services to the Government of Iran, companies in which the Government of Iran has any direct or indirect equity share, consortiums or projects commissioned by the Government of Iran and:

- a. more than 10% of the company's revenues produced in or assets located in Iran involve oil-related activities or mineral-extraction activities; less than 75% of the company's revenues produced in or assets located in Iran involve contracts with or provision of oil-related or mineral – extraction products or services to the Government of Iran or a project or consortium created exclusively by that Government; and the company has failed to take substantial action; or
- b. the company has, on or after August 5, 1996, made an investment of \$20 million or more, or any combination of investments of at least \$10 million each that in the aggregate equals or exceeds \$20 million in any 12-month period that directly or significantly contributes to the enhancement of Iran's ability to develop petroleum resources of Iran.

You must check one of the following items and if item 2 is checked you must also make the necessary disclosure:

___ There are no business operations that must be disclosed to comply with the above cited law.

___ The following business operations are disclosed to comply with the above cited law:

39.0 STEEL PRODUCTS.

The CONTRACTOR certifies steel products used or supplied in the performance of a contract with the Treasurer for public works shall be manufactured or produced in the United States, unless the Treasurer grants an exception. 30 ILCS 565.

40.0 PRINTING.

The CONTRACTOR certifies the following regarding any printing services provided pursuant to this Agreement:

- a. All books, pamphlets, documents, and reports published through or by the State of Illinois or any State agency, board, or commission shall have printed thereon "Printed by authority of the State of Illinois", the date of each publication, the number of copies printed, and the printing order number. 30 ILCS 500/20-105.
- b. No publication may have written, stamped, or printed on it, or attached to it, "Compliments of (naming a person)" or any words of similar import. 30 ILCS 500/20-105.
- c. Every printed annual report produced pursuant to the Agreement shall bear a statement indicating whether it was printed by the State of Illinois or by contract and indicating the printing cost per copy and the number of copies printed. 30 ILCS 500/25-55.
- d. Any offset printing under this Agreement shall utilize soybean oil-based ink or vegetable oil-based ink unless the Treasurer's Chief Procurement Officer determines that another type of ink is required to assure high quality and reasonable pricing of the printed product. 30 ILCS 500/45-15.

41.0 INFORMATION TECHNOLOGY ACCESSIBILITY.

The CONTRACTOR certifies that information technology, including electronic information, software, systems and equipment, developed or provided under this Agreement comply with the applicable requirements of the Illinois Information Technology Accessibility Act Standards as published at (www.dhs.state.il.us/iitaa). 30 ILCS 587.

42.0 CYBERSECURITY.

The CONTRACTOR certifies that CONTRACTOR's products have not been prohibited for purchase by federal agencies pursuant to a United States Department of Homeland Security Binding Operational Directive. 30 ILCS 500/25-90.

43.0 EQUAL OPPORTUNITY.

The Department of Human Rights' Equal Opportunity requirements are incorporated by reference (44. Ill. Adm. Code 750.20).

44.0 FREEDOM OF INFORMATION ACT.

The Agreement and all related public records, as defined by the Illinois Freedom of Information Act ("FOIA")(5 ILCS 140) maintained by, provided to or required to be provided to the Treasurer may be subject to FOIA notwithstanding any other provision to the contrary that may be found in this Agreement.

45.0 DOMESTIC PRODUCTS.

The CONTRACTOR certifies that if it is awarded a contract through the use of the preference required by the Procurement of Domestic Products Act, then it shall provide products pursuant to the

Agreement or a subcontract that are manufactured in the United States, or in Illinois, where applicable. 30 ILCS 517.

46.0 EXPATRIATED ENTITIES.

Except in limited circumstances, no business or member of a unitary business group, as defined in the Illinois Income Tax Act (35 ILCS 5), shall submit a bid for or enter into a contract with a State agency if that business or any member of the unitary business group is an expatriated entity.

47.0 WARRANTIES.

- a. The CONTRACTOR warrants that the supplies furnished under this Agreement will: (i) conform to the standards, specifications, drawing, samples or descriptions furnished by the State or furnished by the CONTRACTOR and agreed to by the Treasurer, including but not limited to all specifications attached as exhibits hereto; (ii) be merchantable, of good quality and workmanship, and free from defects for a period of twelve months or longer if so specified in writing, and fit and sufficient for the intended use; (iii) comply with all federal and state laws, regulations and ordinances pertaining to the manufacturing, packing, labeling, sale and delivery of the supplies; (iv) be of good title and be free and clear of all liens and encumbrances; and (v) not infringe on any patent, copyright or other intellectual property rights of any third party. The CONTRACTOR agrees to reimburse the Treasurer for any losses, costs, damages or expenses, including without limitation, reasonable attorney's fees and expenses, arising from failure of the supplies to meet such warranties.
- b. The CONTRACTOR shall insure that all manufacturers' warranties are transferred to the State and shall provide a copy of the warranty. These warranties shall be in addition to all other warranties, express, implied or statutory, and shall survive the Treasurer's payment, acceptance, inspection or failure to inspect the supplies.

48.0 VACANCIES.

The CONTRACTOR certifies that, for the duration of this Agreement, it:

- a. will post its employment vacancies in Illinois and border states on the Department of Employment Security's IllinoisJobLink.com website or its successor system; or
- b. will provide an online link to these employment vacancies so that this link is accessible through the <https://illinoisjoblink.illinois.gov/> website or its successor system; or
- c. is exempt from Section 1005-47 of the Civil Administrative Code (20 ILCS 1005/1005-47) because the Agreement is for construction-related services as that term is defined in Section 1-15.20 of the Procurement Code; or the Agreement is for construction and CONTRACTOR is a party to a contract with a bona fide labor organization and performs construction.

49.0 MINORITY CONTRACTOR INITIATIVE.

Any vendor awarded a contract under Section 20-10, 20-15, 20-25 or 20-30 of the Illinois Procurement Code (30 ILCS 500) of \$1,000 or more is required to pay a fee of \$15 to cover expenses related to this initiative. The Comptroller shall deduct the fee from the first check issued to the CONTRACTOR under the contract and deposit the fee in the Comptroller's Administrative Fund. 15 ILCS 405/23.9.

50.0 PREVAILING WAGE.

As a condition of receiving payment the CONTRACTOR must (a) be in compliance with the Agreement, (b) pay its employees prevailing wages when required by law, (c) pay its suppliers and subcontractors according to the terms of their respective contracts, and (d) provide lien waivers to the State upon request. Examples of prevailing wage categories include public works, printing, janitorial, window washing, building and grounds services, site technician services, natural resource services, security guard and food services. Current prevailing wages are available on the Illinois Department of Labor's official website, which shall be deemed proper notification of any rate changes under this Section. The CONTRACTOR is responsible for contacting the Illinois Department of Labor to ensure understanding of prevailing wage requirements.

51.0 EMPLOYMENT TAX CREDIT.

Vendors who hire qualified veterans and certain ex-offenders may be eligible for tax credits. 35 ILCS 5/216-217. Please contact the Illinois Department of Revenue for information about tax credits. Prospective contractors are encouraged to hire qualified veterans as well as qualified Illinois minorities, women, persons with disabilities and residents discharged from any Illinois adult correctional center and those who do may be eligible for tax credits pursuant to Section 216 and 217 of the Illinois Income Tax Act (35 ILCS 5/216 and 217).

52.0 COLLECTIVE BARGAINING.

In the event that CONTRACTOR is a successor contractor to another vendor providing the services covered by this Agreement and the employees of that vendor who provided those services are covered by a collective bargaining agreement, the CONTRACTOR certifies (a) that it will offer to assume the collective bargaining obligations of the prior employer, including any existing collective bargaining agreement with the bargaining representative of any existing collective bargaining unit or units performing substantially similar work to the services covered by the Agreement subject to its bid or offer; and (b) that it shall offer employment to all employees currently employed in any existing bargaining unit who perform substantially similar work to the work that will be performed pursuant to this Agreement. This does not apply to heating, air conditioning, plumbing and electrical service contracts. 30 ILCS 500/25-80.

53.0 SPECIFICATIONS.

The CONTRACTOR certifies it is not barred from having a contract with the Treasurer based upon violating the prohibitions related to either submitting/writing specifications or providing assistance to an employee of the State of Illinois by reviewing, drafting, directing, or preparing any invitation for bids, a request for proposal, or request of information, or similar assistance (except as part of a public request for such information) (30 ILCS 500/50-10(b), 30 ILCS 500/50-10.5(e)).

54.0 INVOICING.

By submitting an invoice, the CONTRACTOR certifies that the supplies or services provided meet all requirements of the Agreement, and the amount billed and expenses incurred are as allowed in the Agreement. Invoices for supplies purchased, services performed and expenses incurred through June 30 of any year must be submitted to the Treasurer no later than July 31 of that year; otherwise the CONTRACTOR may have to seek payment through the Illinois Court of Claims. 30 ILCS 105/25. All invoices are subject to statutory offset. 30 ILCS 210.

- a. The CONTRACTOR shall not bill for any taxes unless accompanied by proof that the Treasurer is subject to the tax. If necessary, the CONTRACTOR may request the Treasurer's tax exemption number.
- b. The CONTRACTOR shall invoice at the completion of the Agreement unless invoicing is tied in the Agreement to milestones, deliverables, or other invoicing requirements agreed to in the Agreement.

55.0 SUBCONTRACTORS.

These Illinois State Treasurer Certifications, in their entirety, apply to subcontractors used on this Agreement. The CONTRACTOR shall include these Certifications in any subcontract used in the performance of the Agreement and shall provide a copy, completed by any such subcontractor, to the Treasurer.

56.0 CONTINUING COMPLIANCE.

The CONTRACTOR acknowledges and agrees that any contractor or subcontractor that has entered into a contract for more than one year in duration for the initial term or any renewal term shall certify, by January 1 of each fiscal year covered by the Agreement after the initial fiscal year, any changes that affect its ability to satisfy the requirements of Article 50 of the Procurement Code pertaining to eligibility for contract award. If a contractor or subcontractor is not able to truthfully certify that it continues to meet all requirements, it shall provide with its Certifications a detailed explanation of the circumstances leading to the change in certification status. If a contractor or subcontractor continues to meet all requirements of this Article, it shall not be required to submit any certification or if the work under the contract has been substantially completed before contract expiration, but the contract has not yet expired. A contractor or subcontractor that makes a false statement material to these Certifications is, in addition to any other penalties or consequences prescribed by law, subject to liability under the Illinois False Claims Act for submission of a false claim. 30 ILCS 500/50-2.

<< SIGNATURE PAGE FOLLOWS >>

These certifications are submitted by the CONTRACTOR listed below. The CONTRACTOR acknowledges and agrees that compliance with these certifications in their entirety for the term of the Agreement and any extensions or renewals is a material requirement and condition of the Agreement. By executing the Agreement, the CONTRACTOR certifies compliance with these certifications in their entirety and that it is under a continuing obligation to remain in compliance and report any non-compliance.

CONTRACTOR

By: _____
Signature

Name

Title

Date

DISCLOSURES
FINANCIAL INTEREST AND POTENTIAL CONFLICTS OF INTEREST
(Disclosure Form A)

The Treasurer's Procurement Regulations (44 Ill. Adm. Code 1400.5035) require that contractors/offers desiring to enter into certain contracts with the State of Illinois must disclose the financial and potential conflicts of interest information as specified below.

Contractor/offers shall disclose the financial interest and potential conflicts of interest information identified in Sections 1 and 2 below as a condition of receiving an award or contract. Submit this information along with your bid, proposal or offer.

This requirement applies to contracts with an annual value exceeding the small purchase limit established pursuant to 44 Ill. Adm. Code 1400.2020(a).

A publicly traded entity may submit its 10K disclosure in satisfaction of the disclosure requirements set forth in both Sections 1 and 2 below.

Sec. 1. Disclosure of Financial Interest in the Contractor/Offeror

- a. If any individuals have one of the following financial interests in the contractor/offers (or its parent), please check all that apply and show their name and address:

Ownership exceeding 5%	()
Ownership value exceeding \$106,447.20	()
Distributive Income Share exceeding 5%	()
Distributive Income Share exceeding \$106,447.20	()

Name: _____

Address: _____

- b. For each individual named above, show the type of ownership/distributable income share: sole proprietorship _____ stock _____ partnership _____ other _____ (explain)

- c. For each individual named above, show the dollar value or proportionate share of the ownership interest in the contractor/offers (or its parent) as follows:

If the proportionate share of the named individual(s) in the ownership of the contractor/offers (or its parent) is 5% or less, and if the value of the ownership interest of the named individual(s) is \$106,447.20 or less, check here ()

If the proportionate share of ownership exceeds 5% or the value of the ownership interest exceeds \$106,447.20, show either.

The percent of ownership _____ %
or
The value of the ownership interest \$ _____

Sec. 2. Disclosure of Potential Conflicts of Interest. For each of the individuals having the level of financial interest identified in Section 1 above, check "Yes" or "No" to indicate which, if any, of the following potential conflicts of interest relationships apply. If "Yes," please describe (use space under applicable section to explain your answers – attach additional pages as necessary).

- | | | | |
|----|--|--------------|-------------|
| a. | State employment, currently or in the previous 3 years, including contractual employment of services | Yes
_____ | No
_____ |
| b. | State employment for spouse, father, mother, son, or daughter, including contractual employment for services in the previous 2 years. | Yes
_____ | No
_____ |
| c. | Elective status; the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois, or the statutes of the State of Illinois currently or in the previous 3 years. | Yes
_____ | No
_____ |
| d. | Relationship to anyone holding elective office currently or in the previous 2 years; spouse, father, mother, son, or daughter. | Yes
_____ | No
_____ |
| e. | Appointive office; the holding of any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office currently or in the previous 3 years. | Yes
_____ | No
_____ |
| f. | Relationship to anyone holding appointive office currently or in the previous 2 years; spouse, father, mother, son, or daughter. | Yes
_____ | No
_____ |
| g. | Employment, currently or in the previous 3 years, as or by any registered lobbyist of the State government. | Yes
_____ | No
_____ |
| h. | Relationship to anyone who is or was a registered lobbyist in the previous 2 years; spouse, father, mother, son, or daughter. | Yes
_____ | No
_____ |
| i. | Compensated employment, currently or in the previous 3 years, by any registered election or re- | Yes
_____ | No
_____ |

election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee with either the Secretary of State or the Federal Board of Elections.

j.	Relationship to anyone; spouse, father, mother, son, or daughter, who is or was a compensated employee in the last 2 years of any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections.	Yes _____	No _____
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This disclosure is submitted on behalf of

(Name of Contractor/Offeror)

Official authorized to sign on behalf of contractor/offeror:

Name (printed) _____ Title _____

Signature _____ Date _____

DISCLOSURES
OTHER CONTRACT AND PROCUREMENT RELATED INFORMATION
(Disclosure Form B)

The Treasurer's Procurement Regulations (44 Ill. Adm. Code 1400.5035) require that contractors/offersors desiring to enter into certain contracts with the State of Illinois must disclose the information as specified below.

Contractor/offersor shall disclose the information identified below as a condition of receiving an award or contract.

This requirement is applicable to only those contracts with an annual value exceeding the small purchase limit established pursuant to 44 Ill. Adm. Code 1400.2020(a).

You must submit this information along with your bid, proposal or offer.

- a. Contractor/offersor shall identify whether it has current contracts (including leases) with other units of State of Illinois government by checking "Yes" _____ or "No" _____.

If "Yes" is checked, identify each contract by showing agency name and other descriptive information such as purchase order or contract reference number (attach additional pages as necessary).

- b. Contractor/offersor shall identify whether it has pending contracts (including leases), bids, proposals, or other ongoing procurement relationships with other units of State of Illinois government by checking "Yes" _____ or "No" _____.

If "Yes" is checked, identify each such relationship by showing agency name and other descriptive information such as bid or project number (attach additional pages as necessary).

This disclosure is submitted on behalf of _____
(Name of Contractor/Offersor)

Official authorized to sign on behalf of contractor/offersor:

Name (printed) _____ Title _____

Signature _____ Date _____

Appendix G – Minimum Mandatory Service Requirements

_____ (“Respondent Name”) attests that it can provide all the Services described in Section III of the RFP. The Respondent acknowledges that the Services are part of the mandatory requirements of the RFP. The Respondent acknowledges that failure to attest to its ability to provide the Services shall lead to automatic disqualification. Notwithstanding the foregoing, a Respondent will not be disqualified solely for its response to Question 16 in Section IV.B of the RFP if the Treasurer determines that any alternative options presented therein would meet all requirements of Section III of the RFP.

_____ is filling out Appendix G to:

- ☐ Answer Question 16 specifically with regard to “other processes or alternative options.”
- ☐ Attest to the Respondent’s ability to provide the Services in Section III.

Respondent meets the requirement described in RFP Section III.1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.3	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.4	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.5	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.6	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.7	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.8	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.9	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.10.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.11	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.12	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.13	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.14	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.15	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Respondent meets the requirement described in RFP Section III.16	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.17	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.18	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.19	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.20	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.21	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.22	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.23	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.24	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.25	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.26	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respondent meets the requirement described in RFP Section III.27	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The following table is only for those Respondents answering Question 16 of the RFP. Please fill out the following for any Services that cannot be provided and describe the proposed alternative option or solution that would meet the relevant requirements.

Requirement	Alternative and Explanation for How Alternative Will Meet Requirement

SIGNATURE _____

NAME: _____

TITLE: _____

COMPANY: _____

DATE: _____