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| **LEGISLATIVE AUDIT COMMISSION****622 Stratton Building****Springfield, IL 62706** |
|  TA-2 Form  |
|  Instructions |

The following Microsoft Word document contains the TA-2 Form supplied by the Legislative Audit Commission. Save this form to your computer by doing a “Save As” and renaming the document. To enter information into the form, place your cursor between the Field Brackets [] located at the end of all required fields and enter in your information. Also, the **COUNT** column is required to be filled in. Please save a copy of the document for your records.

As always, TA-2 forms should be hand-delivered, mailed, or faxed due to the sensitive nature of social security numbers. Forms without Social Security numbers may be emailed to auditcommission@ilga.gov .

The State Finance Act (30-ILCS 105/12 –3)

Each State agency as defined by Section 1-7 of the Illinois State Auditing Act, shall file reports for all of its officers and employees for whom official headquarters have been designated at any location other than that at which their official duties require them to spend the largest part of their working time.  The reports shall be filed with the Legislative Audit Commission no later than each July 15 for the period from January 1 through June 30 of that year and no later than each January 15 for the period from July 1 through December 31 of the preceding year. The report shall list, for each such officer or employee, the place designated as his or her official headquarters and the reason for that designation. If an agency has more than one facility or institution, the report shall indicate on its face to which facility or institution the data pertain. Agencies with no officers or employees in this status shall file negative reports.  the Legislative Audit Commission shall comment on all such reports in its annual reports to the General Assembly.

TA – 2 Revised 1/08

Department or Agency:

Date Submitted: Prepared By:

Report Due: (Check One) Telephone:

[ ] January 15 [ ] July 15

**LEGISLATIVE AUDIT COMMISSION**

**622 Stratton Building**

**Springfield, IL 62706**

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| Count | Employee’s Name | **Optional**Social Security #(Last four digits only.)XXX-XX-#### | Place Where MajorityOf Working Time isSpent | Official Headquarters | Reason for Headquarters |
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