COLLECT. ONS SECTION NO FFICIAL CORS STATE ST 10TH FLOOR CHICAGO IL 60603-2802

Doc#: 1108339007 Fee: \$38.00

Cook County Recorder of Deeds
Date: 03/24/2011 08:39 AM Pg: 1 of 2

4408363 111 NL

TQ, INC

PO BOX 802 MIDLOTHIAN

IL 60445-0802

03/11/2011 ACCOUNT NUMBER 440d363

DOCUMENT ID. 0611548824

NOTICE OF LIEN FOR CONTRIBUTIONS
UNDER THE ILLINOIS UNEMPLOYMENT INSURANCE ACT

PURSUANT to Section 2400 and 2401 of the Illinois Unemployment Insurance Act, as amended, notice is hereby given that there is due to the Director of Employment Security of the State of Illinois from the above named employer:

CONTRIBUTIONS and penalties, and interest on such unpaid contributions at the rate of 1% per month or 1/30 of 1% per day to 12/31/81, and at the rate of 2% per month or 12/365 of 2% per day from 01/01/82. (NOTE: Effective 01/01/88, payment received more than 30 days after the due date is deemed to have been received on the last day of the month preceding the month in which the payment was received).

QTR/YR	CONTRIBUTIONS	PENALTIES	PLUS INTEREST ON CONTRIBUTIONS  OTHER PLUS INTEREST ON CONTRIBUTIONS
3/2009 4/2009	545.68 729.40	50.00 50.00	0.00 0.00 174.01 188.50
	1,275.08	100.00	0.00 362.51

THAT, by virtue of the above named sections, the amount of the aforesaid contributions, interest and penalties, together with such contributions, interest and penalties which may hereafter become due, are a lien in favor of the Director of Employment Security of the State of Illinois upon all the real and personal property or rights thereto owned or thereafter acquired by the aforementioned employer.

A remittance of \$1,737.59 (interest included) received on or before 03/31/2011, or a remittance of \$1,763.58 (interest included) on or before 04/30/2011 will clear these delinquencies in your account.

1108339007 Page: 2 of 2

TQ, INC

UNOFFICIAL COPY

PO BOX 802 MIDLOTHIAN

IL 60445-0802

4408363 111 NT.

ACCOUNT NUMBER 4408363

03/11/2011 DOCUMENT ID. 0611548824

NOTICE OF LIEN FOR CONTRIBUTIONS
UNDER THE ILLINOIS UNEMPLOYMENT INSURANCE ACT

Return the attached payment coupon with your remittance. Please include the document number (0611548824) and employer account number on your

Mail all other correspondence to:

Illinois Department of Employment Security Collections Section 33 S. State Street Chicago, IL 50603

Director of Employment Security

Collection Manager (312) 793-1782

RECORD NO. \_\_\_\_\_ RECORD DATE \_\_\_\_\_ COUNTY CODE 33