



# Illinois Department of Revenue

# REG-1 Illinois Business Registration Application

Register faster using **MyTax Illinois**, our online account management program, available at [mytax.illinois.gov](http://mytax.illinois.gov). If you have questions, visit our website at [tax.illinois.gov](http://tax.illinois.gov) or call us weekdays between 8:00 a.m. and 4:30 p.m. at **217 785-3707**.

## Step 1: Identify your business or organization

### 1 Federal employer identification number (FEIN)

FEIN: \_\_\_\_\_ - \_\_\_\_\_

Proprietorships must provide the Social Security number (SSN) under which taxes will be filed.

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### 2 Legal business name:

\_\_\_\_\_

### 3 Doing-business-as (DBA), assumed, or trade name, if different from Line 2:

\_\_\_\_\_

### 4 Primary or legal business address:

Street address - **No** PO Box number Apartment or suite number

City State ZIP

**If you have other locations in Illinois from where you do business, complete and attach Schedule REG-1-L.**

### 5 Mailing address if different from the address above:

In-care-of name

Street address or PO Box number Apartment or suite number

City State ZIP

### 6 Check the organization type that applies to you:

- Proprietorship  
     \_\_\_\_\_ Check if owned by a married couple or civil union
- Partnership  Trust or estate
- Corporation\*  S Corp (Subchapter S Corporation)\*

\*Is your corporation publicly traded? \_\_\_ Yes \_\_\_ No

If yes, provide the ticker symbol \_\_\_\_\_

- Governmental unit  Not-for-profit organization
- LLC - Corporation  LLC - Partnership
- LLC - S Corporation  LLC - Single member

\_\_\_\_\_ Check if your organization type is disregarded

### 7 Illinois Secretary of State identification number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### 8 Is your business part of a unitary group? \_\_\_ Yes \_\_\_ No If "Yes", provide the FEIN of your designated agent (the entity responsible for filing your Illinois income tax return):

FEIN: \_\_\_\_\_ - \_\_\_\_\_

### 9 Identify a contact person regarding your business.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

## Step 2: Identify your owners and officers - If you need to identify more, attach Schedule REG-1-O.

**10** Identification depends on the organization type you selected in Step 1, Line 6 (proprietorship - owner(s); partnership - general partners; non-publicly traded corporation - president, secretary, and treasurer; publicly traded corporation - chief operating officer and chief financial officer; trust or estate - trustee(s) or executor(s); governmental unit - one contact person; not-for-profit organization - president, secretary, or treasurer; limited liability company - managers and members). For each individual or business required, complete the following information.

### Individuals: (include Social Security number (SSN))

**a** Name \_\_\_\_\_ Title \_\_\_\_\_

Home address - **No** PO Box number City State ZIP

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of birth (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Phone

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Social Security number Ownership percentage: \_\_\_\_\_

**b** Name \_\_\_\_\_ Title \_\_\_\_\_

Home address - **No** PO Box number City State ZIP

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of birth (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Phone

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Social Security number Ownership percentage: \_\_\_\_\_

**c** Name \_\_\_\_\_ Title \_\_\_\_\_

Home address - **No** PO Box number City State ZIP

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of birth (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Phone

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Social Security number Ownership percentage: \_\_\_\_\_

**d** Name \_\_\_\_\_ Title \_\_\_\_\_

Home address - **No** PO Box number City State ZIP

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of birth (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Phone

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Social Security number Ownership percentage: \_\_\_\_\_

### Businesses: (include federal employer identification number (FEIN))

**a** Name \_\_\_\_\_ FEIN \_\_\_\_\_

Legal address \_\_\_\_\_

City State ZIP

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Phone Ownership percentage: \_\_\_\_\_

**b** Name \_\_\_\_\_ FEIN \_\_\_\_\_

Legal address \_\_\_\_\_

City State ZIP

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Phone Ownership percentage: \_\_\_\_\_



### Step 3: Tell us about your business activities

11 Describe your business activities: \_\_\_\_\_

Provide your North American Industry Classification System (NAICS) number: \_\_\_\_\_

Refer to the website [www.naics.com](http://www.naics.com)

12 Will you have Illinois employees?  Yes  No

If yes, complete and attach **Schedule REG-UI-1**.

**When was (is) the date of your first payroll in Illinois?**

\_\_\_\_/\_\_\_\_/\_\_\_\_

13 Check all that apply to your type of business.

#### Sales and Use Tax

**When will (did) these activities begin?** \_\_\_\_/\_\_\_\_/\_\_\_\_

You must complete and attach Schedule REG-1-L to identify all Illinois locations from which you must collect the local sales tax rate.

General merchandise:  Retail  Wholesale

**Note:** Refer to the [Leveling the Playing Field Resource Page](#) for guidance on registering for Retailers' Occupation Tax.

Do you estimate your monthly sales and use tax liability will be over \$200?  Yes  No

Sales to Illinois customers from out of state

\_\_\_\_ Check if you have an Illinois presence, including, but not limited to having an office or other facility in Illinois or having employees or other representatives operating in Illinois.

\_\_\_\_ Check if you have inventory in Illinois or if your Illinois presence is due to inventory within the state. **Attach Schedule REG-1-L.**

\_\_\_\_ Check if you make \$100,000 or more in annual sales from your own sales to Illinois purchasers.

\_\_\_\_ Check if you make 200 or more separate transactions annually from your own sales to Illinois purchasers.

Are you registering as an out of state remote retailer?

Yes  No

**When will (did) these activities begin?** \_\_\_\_/\_\_\_\_/\_\_\_\_

Check if you are a marketplace facilitator-**Attach Schedule REG-1-MKP.**

Soft drinks (other than fountain soft drinks) in Chicago

Vehicle, watercraft, aircraft, or trailers

Sales or delivery of tires. Do you **always** pay the Tire User Fee to your supplier?  Yes  No

Sales from vending machines. How many vending machines? \_\_\_\_\_

Liquor at retail (bar, tavern, liquor store, etc.)

Motor fuel/fuel:  Retail  Wholesale - **Attach Form REG-8-A**  
\_\_\_\_ Check here if you are required to collect prepaid sales tax.

Sales of Motor Fuel in a county that imposes County Motor Fuel Tax

Sales of Motor Fuel in a municipality that imposes Municipal Motor Fuel Tax

Aviation fuel:  Retail  Wholesale

**(if wholesale, attach Form REG-8-A)**

Medical cannabis - **Attach Schedule REG-1-MC.**

\_\_\_\_ Cultivation Center  Dispensing Organization

**When will (did) these activities begin?** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Services

Do you transfer items, on which tax must be collected, as part of your service?  Yes  No

**When will (did) this activity begin?** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Purchaser (Self-assessed Use Tax)

Does your supplier collect Illinois Sales Tax for merchandise your business uses or consumes in Illinois?  Yes  No

Does your supplier collect Illinois Sales Tax on sales of **aviation fuel** your business uses or consumes in Illinois?  Yes  No

**When will (did) these activities begin?** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Cigarettes and other tobacco products

Cigarettes - See **Schedule REG-1-C** before you check here.

Tobacco products - See **Schedule REG-1-C** before you check here.

Cigarette machine operator - See **Schedule REG-1-C** before you check here.

**When will (did) these activities begin?** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Renting or leasing

Hotel rooms for less than 30 days - **Attach Schedule REG-1-L.**

Do you charge for telecommunication services?  Yes  No

Vehicles for one year or less - **Attach Schedule REG-1-L.**

Vehicles for more than one year

**When will (did) these activities begin?** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Utility Service Providers

Electricity:  Retail  Wholesale

Natural gas:  Retail  Wholesale

Telecommunications - See **Schedule REG-1-T.**

\_\_\_\_ Retail  Wholesale

Water or sewer services

Do you choose to voluntarily collect the Water and Sewer Assistance Charge for:  Water  Sewer

Are you a utility cooperative?  Yes  No

Are you a municipality?  Yes  No

**When will (did) these activities begin?** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### All other tax types

Liquor warehousing - **Attach Schedule REG-1-A.**

Dry cleaning:  Facility  Solvent supplier

Own/operate coin-operated amusement devices

You wish to purchase electricity for non-residential use and pay the tax to IDOR - **Attach Schedule REG-1-D.**

You wish to purchase natural gas from outside of Illinois for your own use and pay the tax to IDOR - **Attach Schedule REG-1-G.**

Not listed. Identify: \_\_\_\_\_

**When will (did) these activities begin?** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Step 4: Sign below** - Under penalties of perjury, I state that I have examined this information and, to the best of my knowledge, it is true, correct, and complete. I further attest that I will be responsible for filing returns and paying all taxes due **unless** Schedule REG-1-R, Responsible Party Information, is attached to this application or forwarded to the department. Check here if you are attaching or forwarding Schedule REG-1-R:

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mail your completed form, with any required attachments and payment to:**

**CENTRAL REGISTRATION DIVISION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19030  
SPRINGFIELD IL 62794-9030**

