



# Illinois Income Verification Questionnaire

## Instructions

You must send us this completed questionnaire **only if you received a Return Correction Notice requesting it**, along with:

- any documentation requested when answering the questions below,
- your federal tax return, Form 1040, U.S. Individual Income Tax Return or 1040-SR, U.S. Tax Return for Seniors, and Schedule 1, Additional Income and Adjustments to Income, and
- your federal Schedule C, Profit or Loss from Business (Sole Proprietorship), or Schedule C-EZ, Net Profit from Business (Sole Proprietorship), along with the documents you used to calculate and support the figures on the schedule.

You must complete all the questions below and provide all the documents requested above for your response to be considered complete. Do not respond to the Department until you are able to provide all the information requested. Incomplete responses will not be processed.

Taxpayer name: \_\_\_\_\_ Tax year: \_\_\_\_\_

Business name: \_\_\_\_\_ Business phone number: \_\_\_\_\_

Business address: \_\_\_\_\_

Date business began: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date business began in Illinois: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employer identification number: \_\_\_\_\_  Not Applicable

Business website address: \_\_\_\_\_  Not Applicable

Provide a brief description of your business - *type of work, products sold, services provided, and hours of operation.*

\_\_\_\_\_  
\_\_\_\_\_

1. Have you received any Forms 1099-MISC for income you earned?  
 No  Yes If **Yes**, attach a copy of each 1099-MISC
2. Does your occupation require a city-, state-, or county-issued professional license, registration, or certification? *Examples of occupations that require a professional license issued by the Illinois Department of Financial and Professional Regulation (IDFPR) include: Barber, Cosmetologist, Hair Braider, Home Inspector, Interior Designer, Massage Therapist, Nail Technician, and Security Contractor.* For a list of occupations that require a license which is administered by IDFPR, please visit [www.idfpr.com/profs/proflist.asp](http://www.idfpr.com/profs/proflist.asp).  
 No  Yes  
If **Yes**, do you have an active license, registration, or certification with that city, state, or county agency?  
 No  Yes If **Yes**, attach a copy of your active license, registration, or certification.
3. Did you file Form ST-1, Sales Tax Transaction Return, with the Illinois Department of Revenue during this tax year?  
 No  Yes If **Yes**, attach a copy of the return as filed with the Department.
4. Is your business conducted at a non-home-based location?  
 No  Yes If **Yes**, attach a copy of your lease agreement and proof of payment.
5. Is your business a Limited Liability Company registered with the Illinois Secretary of State?  
 No  Yes If **Yes**, attach a copy of your Certificate of Good Standing.

**Continue on next page. ➡**

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6. Which of the following methods do you use to advertise your business? *Check all that apply. Attach a copy of the advertisement and proof of payment for each method selected.*

- Newspaper     Internet/Website     Flyers     Other \_\_\_\_\_     Not Applicable

7. By law, you are required to keep adequate business records. What type of records do you maintain to verify your business income and expenses? *Check all that apply. Attach a copy of each record selected.*

- Expense receipts     Business bank account(s)     1099-MISC forms     Business ledger  
 Sales slips     Credit card statements     Other \_\_\_\_\_

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I state that I have prepared this questionnaire, and to the best of my knowledge, it is true, correct, and complete.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Remember, intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.**

**Mail this completed questionnaire along with any information requested, and a copy of your Return Correction Notice, to the address listed below:**

**ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19084  
SPRINGFIELD IL 62794-9084**