



# AGENCY AGREEMENT

## Section 1: Terms of agreement

This agreement establishes an understanding between the Illinois Department of Revenue and the undersigned registrant regarding the collection and reporting of taxes due under the Retailers' Occupation Tax Act.

- Effective \_\_\_\_\_, we, as agent for our independent dealers engaged in direct selling activities, assume full responsibility for collecting, reporting, and paying state and local taxes on the sale of our products by our dealers located in Illinois. We will remit tax directly to the department in lieu of having each dealer who is buying goods from us and doing business in the state of Illinois register and remit tax.
- The tax due is based on the published suggested retail price in effect at the time we accept the order from our dealer.
- Local taxes are due based on the sales location of our dealer. In the absence of other evidence, the department will presume the sales location is the dealer's billing address.
- On all sales made directly to dealers who give the items away or otherwise use them, the tax shall be based on the selling price to our dealers, with local taxes based on our sales location.
- By signing below, we agree to be bound by the terms of this agreement. The department does not agree to and will not be bound by any changes to this agreement.

## Section 2: Registrant/Agent information

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_
2. Address of registrant (agent): \_\_\_\_\_ Telephone: (    ) —  
 \_\_\_\_\_  
 City State ZIP
3. If you are registered with us, tell us your account ID: \_\_\_\_\_ FEIN: \_\_\_\_\_.
4. Check the best description of your activity type. If you check "Other", provide a brief description.  
 Manufacturer       Distributor       Other. Please describe: \_\_\_\_\_
5. Describe the kinds of products you distribute. \_\_\_\_\_

## Section 3: Registrant/Agent signature

6. Signature of person authorized to sign on behalf of registrant (agent): \_\_\_\_\_
7. Title: \_\_\_\_\_
8. Prepared by: \_\_\_\_\_
9. Date: \_\_\_\_\_

Mail your completed agreement to:

**Central Registration Division, Illinois Department of Revenue, PO BOX 19030, Springfield IL 62794-9030**

Official use only

Approved by : \_\_\_\_\_  
Manager, Central Registration Division

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

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed.

