



Schedule REG-8-O Owner and Officer Information

Read this information first - Attach this schedule to Form REG-8-A.

If your organization is a:

- Proprietorship
- Partnership
- Corporation or S Corp*
 - *If publicly traded (identify below)
- Trust or estate
- Not-for-profit organization
- Limited liability company
- Governmental unit

then complete Step 2 to identify:

- the owner (if husband/wife or civil union, enter both individuals' information)
- each general partner
- the president, secretary, and treasurer
- the chief operating officer and chief financial officer
- each trustee or executor
- the president, secretary, or treasurer
- each manager and member
- one contact person (for example, the liaison)

Step 1: Identify your business or organization

Business name: _____

FEIN: _____ - _____

If your business is a corporation, are you publicly traded? Yes No

SSN: _____ - _____ - _____
(Proprietorship only)

If "Yes", provide the ticker symbol: _____

Contact for this schedule: _____

Phone: (_____) _____ - _____

Step 2: Identify your owners and officers

1 Individuals - For each individual required, complete the following information (including the **Social Security number**).

a _____

Name _____ Title _____

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

_____/_____/_____ (_____) _____ - _____
Date of birth Phone

_____-_____-_____ Ownership percentage: _____
Social Security number

c _____

Name _____ Title _____

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

_____/_____/_____ (_____) _____ - _____
Date of birth Phone

_____-_____-_____ Ownership percentage: _____
Social Security number

b _____

Name _____ Title _____

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

_____/_____/_____ (_____) _____ - _____
Date of birth Phone

_____-_____-_____ Ownership percentage: _____
Social Security number

d _____

Name _____ Title _____

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

_____/_____/_____ (_____) _____ - _____
Date of birth Phone

_____-_____-_____ Ownership percentage: _____
Social Security number

2 Businesses - For each business that is an owner, complete the following information (including the **Federal Employer Identification Number (FEIN)**).

a _____

Name _____ FEIN _____

Legal address _____

City _____ State _____ ZIP _____

(_____) _____ - _____ Ownership percentage: _____
Phone

b _____

Name _____ FEIN _____

Legal address _____

City _____ State _____ ZIP _____

(_____) _____ - _____ Ownership percentage: _____
Phone

Step 3: Remove owners and officers (for current registrants only, *not* new registrants)

Complete the following information (including the **Social Security number**) if you need to remove an owner or officer from our registration records.

a _____

Name _____ Title _____

_____/_____/_____ (_____) _____ - _____
Date of birth Phone

_____-_____-_____ _____/_____/_____
Social Security number Date ceased as owner/officer

b _____

Name _____ Title _____

_____/_____/_____ (_____) _____ - _____
Date of birth Phone

_____-_____-_____ _____/_____/_____
Social Security number Date ceased as owner/officer

Step 4: Sign here

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.

Signature: _____

Date: ____/____/____

Printed name: _____

Title: _____

Mail your completed schedule to:

**ALCOHOL, TOBACCO, AND FUEL DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19467
SPRINGFIELD IL 62794-9467**

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