



# REG-3-C Business Information Update

## Step 1: Read this information first

Complete the following information to update your registration information. To change or update your responsible party, complete Schedule REG-1-R, Responsible Party Information. Mail your completed information to **Illinois Department of Revenue, P.O. Box 19030, Springfield, Illinois, 62794-9030**. You can fax your information to **217 785-6013** or **217 557-4398**.

## Step 2: Identify your current business

1 \_\_\_\_\_  
Business name

4 FEIN or SSN: \_\_\_\_\_

2 \_\_\_\_\_  
Number and street City State ZIP

5 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone

3 \_\_\_\_\_  
Email address

## Step 3: Discontinuation or sale of entire business - *If you sold your business, Form CBS-1, Notice of Sale, Purchase, or Transfer of Business Assets, may be required. Visit our website at [tax.illinois.gov](http://tax.illinois.gov) for more information.*

6 Date this became effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Step 4: Change business name - *If your FEIN has changed due to a name change, you must complete a new Form REG-1, Illinois Business Registration Application. For a copy or to register on-line, visit our website at [tax.illinois.gov](http://tax.illinois.gov).*

7 Previous legal business name: \_\_\_\_\_ New legal business name: \_\_\_\_\_

8 Previous DBA name: \_\_\_\_\_ New DBA name: \_\_\_\_\_

## Step 5: Change current address

a Legal address - Date this became effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

9 \_\_\_\_\_  
Number and street City State ZIP

12 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone

10 \_\_\_\_\_  
County

13 \_\_\_\_\_  
Township

11 Identify the taxes affected by this change (*e.g., sales, hotel, etc.*). \_\_\_\_\_

b Mailing address - Date this became effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

14 \_\_\_\_\_  
Number and street City State ZIP

17 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone

15 \_\_\_\_\_  
In care of name

16 Identify the taxes affected by this change (*e.g., sales, hotel, etc.*). \_\_\_\_\_

## Step 6: Add a location - Date this became effective: \_\_\_\_/\_\_\_\_/\_\_\_\_ *Complete Schedule REG-1-L, Illinois Business Site Location Information, to add more than one location. For a copy or to add a location on-line, visit our website at [tax.illinois.gov](http://tax.illinois.gov).*

18 \_\_\_\_\_  
Number and street City State ZIP

21 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone

19 Check the best **physical** description of this location:  permanent  one that will change (*e.g., fairs, flea market*)

20 Is the address outside the city limits?  yes  no

## Step 7: Close a location - Date this location closed: \_\_\_\_/\_\_\_\_/\_\_\_\_

*If closing more than one location, attach a separate sheet following the same format as below including the date closed.*

22 \_\_\_\_\_  
Number and street City State ZIP

23 \_\_\_\_\_  
County

24 \_\_\_\_\_  
Township

## Step 8: Change your owner or officer information

### 25 Individuals - Social Security Numbers (SSN) required:

**a** \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Home address - No PO Box number City State ZIP  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth (\_\_\_\_\_) Telephone - \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security number Ownership percentage: \_\_\_\_\_

**c** \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Home address - No PO Box number City State ZIP  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth (\_\_\_\_\_) Telephone - \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security number Ownership percentage: \_\_\_\_\_

**b** \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Home address - No PO Box number City State ZIP  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth (\_\_\_\_\_) Telephone - \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security number Ownership percentage: \_\_\_\_\_

**d** \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Home address - No PO Box number City State ZIP  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth (\_\_\_\_\_) Telephone - \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security number Ownership percentage: \_\_\_\_\_

### 26 Businesses - Federal Employers Identification Numbers (FEIN) required

**a** \_\_\_\_\_  
Name FEIN  
\_\_\_\_\_  
Legal address  
\_\_\_\_\_  
City State ZIP  
(\_\_\_\_\_) Telephone - \_\_\_\_\_  
Ownership percentage: \_\_\_\_\_

**b** \_\_\_\_\_  
Name FEIN  
\_\_\_\_\_  
Legal address  
\_\_\_\_\_  
City State ZIP  
(\_\_\_\_\_) Telephone - \_\_\_\_\_  
Ownership percentage: \_\_\_\_\_

## Step 9: Remove owners and officers

27 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 (\_\_\_\_\_) Telephone - \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date ceased as owner/officer

**b** \_\_\_\_\_  
Name Title  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth (\_\_\_\_\_) Telephone - \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date ceased as owner/officer

## Step 10: Identify a contact person regarding your business

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

29 (\_\_\_\_\_) Telephone - \_\_\_\_\_ (\_\_\_\_\_) Fax - \_\_\_\_\_ \_\_\_\_\_ Email address

## Step 11: Comments

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

## Step 12: 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.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Printed name (\_\_\_\_\_) Telephone - \_\_\_\_\_