



Illinois Department of Revenue

Schedule REG-1-MR Illinois Cigarette Manufacturer's Representative

Attach to Form REG-1 and REG-1-C.

You must file this schedule if you are a cigarette manufacturer and have any "cigarette manufacturer's representatives", which are directors, officers, or employees marketing Illinois stamped cigarette packages to retailers. These products must be obtained from an Illinois licensed cigarette distributor. A manufacturer's representative may not possess more than 500 Illinois stamped cigarette packages at one time and is limited to selling 600 Illinois stamped cigarette packages in a calendar year.

Step 1: Identify your business or organization and the operation's physical location

Business name: _____ FEIN: _____ - _____

Business address: _____ SSN: _____ - _____
Number and street (Proprietorship only)

City _____ State _____ ZIP _____ Contact for this schedule: _____

Email address: _____ Phone: (_____) _____ - _____

Step 2: Identify your representatives: If you need to identify more representatives, attach a separate sheet(s) using the same format.

Tell us how many representatives you will have in Illinois: _____

a _____ Title _____

Name _____

Home street address - No PO Box number _____ (_____) _____ - _____
Phone

City _____ State _____ ZIP _____

Make and model of vehicle _____ License plate - State & no. _____

d _____ Title _____

Name _____

Home street address - No PO Box number _____ (_____) _____ - _____
Phone

City _____ State _____ ZIP _____

Make and model of vehicle _____ License plate - State & no. _____

b _____ Title _____

Name _____

Home street address - No PO Box number _____ (_____) _____ - _____
Phone

City _____ State _____ ZIP _____

Make and model of vehicle _____ License plate - State & no. _____

e _____ Title _____

Name _____

Home street address - No PO Box number _____ (_____) _____ - _____
Phone

City _____ State _____ ZIP _____

Make and model of vehicle _____ License plate - State & no. _____

c _____ Title _____

Name _____

Home street address - No PO Box number _____ (_____) _____ - _____
Phone

City _____ State _____ ZIP _____

Make and model of vehicle _____ License plate - State & no. _____

f _____ Title _____

Name _____

Home street address - No PO Box number _____ (_____) _____ - _____
Phone

City _____ State _____ ZIP _____

Make and model of vehicle _____ License plate - State & no. _____

Mail your completed form and any required attachments to:



CENTRAL REGISTRATION DIVISION 3-222
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