



Read this information first - First time registrants - Attach this schedule to Form REG-1.

Complete this schedule to identify the person(s) who will be responsible for filing returns and paying taxes due. If you need to identify more, attach a separate sheet using a similar format. You can fax Schedule REG-1-R to us at 217 785-6013.

Step 1: Identify your business or organization

Business name: FEIN: SSN: (Proprietorship only) If "Yes", provide the ticker symbol: Contact for this schedule: Phone:

Step 2: Identify the person(s) responsible for filing your business' returns and paying all tax due

Printed legal name: SSN: Legal address: Phone:

Check all for which you are responsible:

- Sales and use taxes and fees Motor fuel and related taxes All taxes and fees Motor vehicle renting tax Excise taxes and fees - Identify tax/fee: Withholding income tax Other:

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. I further attest that I will be responsible for filing returns and paying the taxes indicated.

Signature: Title: Date: / /

If you need to identify another person, complete the following:

Printed legal name: SSN: Legal address: Phone:

Check all for which you are responsible:

- Sales and use taxes and fees Motor fuel and related taxes All taxes and fees Motor vehicle renting tax Excise taxes and fees - Identify tax/fee: Withholding income tax Other:

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. I further attest that I will be responsible for filing returns and paying the taxes indicated.

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If you need to identify another person, complete the following:

Printed legal name: SSN: Legal address: Phone:

Check all for which you are responsible:

- Sales and use taxes and fees Motor fuel and related taxes All taxes and fees Motor vehicle renting tax Excise taxes and fees - Identify tax/fee: Withholding income tax Other:

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Signature: Title: Date: / /

Mail your completed schedule, with any required attachments to:



CENTRAL REGISTRATION DIVISION 3-222 ILLINOIS DEPARTMENT OF REVENUE PO BOX 19030 SPRINGFIELD IL 62794-9030

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 and may result in a penalty.