



IL-8633-B Business Electronic Filing Enrollment

Email the completed form to us at REV.IL8633B@illinois.gov.

Step 1: Provide identification numbers assigned to your business

- | | |
|---|---|
| <p>1 _____
Federal Employer Identification number (FEIN)</p> <p>2 _____
Account ID - if applicable</p> <p>3 _____
License number - if applicable</p> | <p>4 _____
IRS assigned Electronic Filing Identification number (EFIN) - if applicable</p> <p>5 _____
IRS assigned Electronic Transmitter Identification number (ETIN) - if applicable</p> <p>6 _____
Unemployment Insurance Account number (UI no.) - if applicable</p> |
|---|---|

Step 2: Provide participant information

- | | |
|--|---|
| <p>7 _____
Legal name of business</p> <p>8 _____
Doing business as (dba) name (if different than above)</p> <p>9 _____
Street address</p> <p style="text-align: right;">Suite #</p> <p>City State ZIP</p> <p>10 _____
Mailing address (if different than above)</p> <p>City State ZIP</p> <p>11 _____
Business e-mail address</p> | <p>12 _____
Primary contact representative</p> <p>() - ext.: () -</p> <p>Daytime phone - include area code FAX - include area code</p> <p>_____</p> <p>E-mail address</p> <p>13 _____
Alternate contact representative</p> <p>() - ext.: () -</p> <p>Daytime phone - include area code FAX - include area code</p> <p>_____</p> <p>E-mail address</p> |
|--|---|

Step 3: Indicate your activity as a participant - check all that apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Transmitter | <input type="checkbox"/> Electronic Return Originator (ERO) |
| <input type="checkbox"/> Software Developer | <input type="checkbox"/> Transmitter with contract | <input type="checkbox"/> Reporting Agent (RA) (Employer taxes only) |

Step 4: Check all that apply to this enrollment

- | | | |
|---|---|--|
| Employer taxes: | Sales, service and use taxes: | Excise taxes: |
| <input type="checkbox"/> Withholding income tax (IL-501, IL-941) | <input type="checkbox"/> Sales, service and use | <input type="checkbox"/> Cigarette/Little Cigar, Liquor, Tobacco |
| <input type="checkbox"/> IDES Employer's Contribution and Wage Report (UI-3/40) | Utility taxes: | Excise return type/number _____ |
| | <input type="checkbox"/> Telecommunications | _____ |
| Other: _____ | <input type="checkbox"/> Gas/Gas use | Example: RC-6, RL-26, TP-1, etc. |

Step 5: Select a signature code and sign - Taxpayers, Software Developers, and Reporting Agents ONLY

Select a code to represent your signature for your electronic returns and/or payments. Your signature code must be six characters and can be letters, numbers, or both (do not use any symbols). To change your signature code, you must send us a Form IL-8633-B with your updated information.

- | | |
|---|---|
| 14 Write your code for Employer taxes _____ | 16 Write your code for Utility taxes _____ |
| 15 Write your code for Sales, service, & use taxes _____ | 17 Write your code for Excise taxes _____ |

Under penalties of law, I state that I have examined this form and to the best of my knowledge, the information is true, correct, and complete. I authorize IDOR and IDES to provide my transmitter with information regarding the transmission of my electronic return and associated electronic payment. In addition, I agree that this signature shall be deemed to appear on any electronic returns and payments submitted that include my electronic signature. All returns filed electronically as authorized by this enrollment form are deemed to be accurate, complete, and truthful statements made under penalties of law. This enrollment form and electronic signature shall remain in force until IDOR receives written notification from the taxpayer or RA. IDOR and IDES reserve the right to suspend or revoke the taxpayer or RA from the applicable program.

Printed name _____	Title _____
Signature _____	Date ____/____/____

Step 6: Complete and sign - Software Developers, Transmitters, EROs, Reporting Agents ONLY

Under penalties of law, I state that I have examined this form and to the best of my knowledge, the information is true, correct, and complete. I state that this firm, including all employees, will comply with all provisions of the applicable electronic filing program. I understand that acceptance for participation is not transferrable and that noncompliance will void participation in the program. I am authorized to make and sign statements on behalf of the firm. IDOR and IDES reserve the right to suspend or revoke the participant from the applicable program.

Printed name of authorized individual _____	Title _____	() - ext.: _____
Signature of authorized individual _____	Date ____/____/____	Daytime phone - include area code _____

IL-8633-B Instructions

General Information

Who must submit this application?

A completed Form IL-8633-B, Business Electronic Filing Enrollment, must be submitted to enroll in the Illinois Department of Revenue's (IDOR) business electronic filing and payment programs or the Illinois Department of Employment Security's (IDES) electronic filing and payment programs. Participants may include taxpayers (mandated or voluntary), software developers, ERO's, reporting agents, and any entity that will transmit directly (either for themselves or as a service to others). If your business enrollment information changes, or you want to change your signature code, you must send us a Form IL-8633-B with your updated information.

How do I submit my completed Form IL-8633-B?

Email the completed form to us at REV.IL8633B@illinois.gov. If you do not email it to us, you may fax it to us at 217 782-7992 or mail it to Electronic Filing Section, Illinois Department of Revenue, PO Box 19479, Springfield, IL 62794-9479.

What if I have questions?

If you have questions, call our Springfield office weekdays between 8:30 a.m. and 5:00 p.m. at 1 866 440-8680. You can also visit our web site, which features electronic filing information, forms, and booklets at tax.illinois.gov.

Step-by-Step Instructions

Step 1: Provide identification numbers assigned to your business

Line 1 - A Federal Employer Identification number (FEIN) is issued by the Internal Revenue Service (IRS) and is required for partnerships or corporations.

Line 2 - Write the Account ID issued by IDOR for certain reporting purposes, if applicable.

Line 3 - Write the license number issued by IDOR associated with your enrollment tax type, if applicable.

Line 4 - Write your Electronic Filing Identification number (EFIN) assigned by the IRS, if applicable.

Line 5 - Write your Electronic Transmitter Identification number (ETIN) assigned by the IRS, if applicable.

Line 6 - Write your Unemployment Insurance Account number (UI no.) from the Illinois Department of Employment Security (IDES), if applicable.

Step 2: Provide participant information

Line 7 - Write the legal name of your business.

Line 8 - If your business uses a name (*e.g.*, doing-business-as [dba] name) other than the name on Line 7, write that name.

Lines 12 and 13 - Provide information for your primary and alternate contact representatives. It may be necessary to contact you during testing and throughout the processing year.

Step 3: Indicate your type of activity as a participant - check all that apply

Taxpayer - Check here if you are a business taxpayer liable for filing or paying Illinois taxes. You may enroll voluntarily or due to a mandate.

Software Developer - Check here if you develop electronic return formatting software and/or transmission software.

Transmitter - Check here if you transmit electronic return or payment information directly.

Transmitter with contract - Check here if you have a contract with IDOR or IDES and transmit data electronically as specified in your contract. **Note:** In Step 4, write "Contractual" on the "Other" line.

Electronic Return Originator (ERO) - Check here if you are an ERO that originates the submission of electronic returns and/or payments. EROs do not sign electronic returns or payments on behalf of taxpayers. ERO clients must use Form IL-8633-B to independently enroll as "Taxpayers" for electronic filing programs.

Reporting Agent (RA) - Check here if you are a company (not an individual) that performs tax services for other business taxpayers. RAs sign returns and payment authorizations on behalf of taxpayers with the signature code selected in Step 5. RA clients must submit Form IL-8655, Reporting Agent Electronic Services Authorization, to the RA who must retain it for inspection by IDOR or IDES. **Note:** RAs who will be filing and paying their own taxes must also check the "Taxpayer" line.

Step 4: Check all that apply to this enrollment

Check the lines that indicate the type of tax or form that are applicable to this enrollment. Transmitters with an IDOR or IDES contract should complete the "Other" line and write "Contractual."

Step 5: Select a signature code and sign - Taxpayers, Software Developers, and Reporting Agents ONLY

Write your 6-digit signature code by the corresponding tax type. This code represents your signature when electronically filing or paying. Read the taxpayer's agreement and provide the required information for the person authorized to act and sign for your business in legal or tax matters or authorized to sign as an RA. **Note:** You may select a common or unique signature code for each of the tax types. **A valid signature code is made up of letters, numbers, or both (do not use any symbols).**

**** Signature is required for both new and revised applications.**

Step 6: Complete and sign - Software Developers, Transmitters, EROs, Reporting Agents ONLY

Read the agreement and provide the required information for the person authorized to act and sign for your business in legal or tax matters.