



# REG-1 Illinois Business Registration Application

Register faster using **MyTax Illinois**, our online account management program, available on our website at [tax.illinois.gov](http://tax.illinois.gov). If you have questions, visit our website or call us weekdays between 8:00 a.m. and 4:30 p.m. at **217 785-3707**.

## Step 1: Identify your business or organization

**1** Federal employer identification number (FEIN)

FEIN: \_\_\_\_\_ - \_\_\_\_\_

Proprietorships must provide the Social Security number (SSN) under which taxes will be filed.

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**2** Legal business name:

\_\_\_\_\_

**3** Doing-business-as (DBA), assumed, or trade name, if different from Line 2:

\_\_\_\_\_

**4** Primary or legal business address:

Street address - **No** PO Box number Apartment or suite number

City State ZIP

**If you have other locations in Illinois from where you do business, complete and attach Schedule REG-1-L.**

**5** Mailing address if different from the address above:

In-care-of name

Street address or PO Box number Apartment or suite number

City State ZIP

**6** Check the organization type that applies to you:

- Proprietorship  
    \_\_\_ Check if owned by a married couple or civil union
- Partnership       Trust or estate
- Corporation\*       S Corp (Subchapter S Corporation)\*

\*Is your corporation publicly traded? \_\_\_ Yes \_\_\_ No

If yes, provide the ticker symbol \_\_\_\_\_

- Governmental unit     Not-for-profit organization
- LLC - Corporation     LLC - Partnership
- LLC - Single member  
    \_\_\_ Check if disregarded

**7** Illinois Secretary of State identification number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**8** Is your business part of a unitary group? \_\_\_ Yes \_\_\_ No  
If "Yes", provide the FEIN of your designated agent (the entity responsible for filing your Illinois income tax return):

FEIN: \_\_\_\_\_ - \_\_\_\_\_

**9** Identify a contact person regarding your business.

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

## Step 2: Identify your owners and officers - If you need to identify more, attach Schedule REG-1-O.

**10** Identification depends on the organization type you selected in Step 1, Line 6 (proprietorship - owner(s); partnership - general partners; non-publicly traded corporation - president, secretary, and treasurer; publicly traded corporation - chief operating officer and chief financial officer; trust or estate - trustee(s) or executor(s); governmental unit - one contact person; not-for-profit organization - president, secretary, or treasurer; limited liability company - managers and members). For each individual or business required, complete the following information.

**Individuals:** (include Social Security number (SSN))

**a** \_\_\_\_\_  
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

**c** \_\_\_\_\_  
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

**Businesses:** (include 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: Tell us about your business activities

11 Describe your business activities: \_\_\_\_\_

Provide your North American Industry Classification System (NAICS) number: \_\_\_\_\_  
Refer to the website [www.naics.com](http://www.naics.com).

12 Will you have Illinois employees? \_\_\_\_ Yes \_\_\_\_ No  
When will (did) your Illinois payroll begin: \_\_\_\_/\_\_\_\_/\_\_\_\_

13 Does your supplier collect Illinois sales tax for merchandise your business uses or consumes in Illinois?  
\_\_\_\_ Yes \_\_\_\_ No  
When will (did) these activities begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

14 Check all that apply to your type of business.

#### Sales

You must complete and attach Schedule REG-1-L to identify all Illinois locations from which you make retail sales.

- General merchandise: \_\_\_\_ Retail \_\_\_\_ Wholesale  
Do you estimate your monthly sales tax liability to be over \$200? \_\_\_\_ Yes \_\_\_\_ No
- Sales to Illinois customers from out of state  
\_\_\_\_ Check here if you have an Illinois presence.
- Soft drinks (other than fountain soft drinks) in Chicago
- Vehicle, watercraft, aircraft, or trailers
- Sales or delivery of tires. Do you **always** pay the Tire User Fee to your supplier? \_\_\_\_ Yes \_\_\_\_ No
- Sales from vending machines. How many vending machines? \_\_\_\_
- Liquor at retail (bar, tavern, liquor store, etc.)
- Motor fuel/fuel: \_\_\_\_ Retail \_\_\_\_ Wholesale  
\_\_\_\_ Check here if you are required to **collect** prepaid sales tax.
- Medical cannabis - **Attach Schedule REG-1-MC.**  
\_\_\_\_ Cultivation Center \_\_\_\_ Dispensing Organization

When will (did) these activities begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Services

Do you transfer items, on which tax must be collected, as part of your service? \_\_\_\_ Yes \_\_\_\_ No

When will (did) this activity begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Cigarettes and other tobacco products

- Cigarettes - See **Schedule REG-1-C** before you check here.
- Tobacco products - See **Schedule REG-1-C** before you check here.
- Cigarette machine operator - See **Schedule REG-1-C** before you check here.

When will (did) these activities begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Renting or leasing

- Hotel rooms for less than 30 days - **Attach Schedule REG-1-L.**  
Do you charge for telecommunication services?  
\_\_\_\_ Yes \_\_\_\_ No
- Vehicles for one year or less - **Attach Schedule REG-1-L.**
- Vehicles for more than one year

When will (did) these activities begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Utility providers

- Electricity: \_\_\_\_ Retail \_\_\_\_ Wholesale
- Natural gas: \_\_\_\_ Retail \_\_\_\_ Wholesale
- Telecommunications - See **Schedule REG-1-T.**  
\_\_\_\_ Retail \_\_\_\_ Wholesale
- Water or sewer services  
Are you a utility cooperative? \_\_\_\_ Yes \_\_\_\_ No  
Are you a municipality? \_\_\_\_ Yes \_\_\_\_ No

When will (did) these activities begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

#### All other tax types

- Liquor warehousing - **Attach Schedule REG-1-A.**
- Dry cleaning: \_\_\_\_ Facility \_\_\_\_ Solvent supplier
- Own/operate coin-operated amusement devices
- You wish to purchase electricity for non-residential use and pay the tax to IDOR - **Attach Schedule REG-1-D.**
- You wish to purchase natural gas from outside of Illinois for your own use and pay the tax to IDOR - **Attach Schedule REG-1-G.**
- Not listed. Identify: \_\_\_\_\_

When will (did) these activities begin? \_\_\_\_/\_\_\_\_/\_\_\_\_

### Step 4: 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. I further attest that I will be responsible for filing returns and paying all taxes due **unless** Schedule REG-1-R, Responsible Party Information, is attached to this application or forwarded to the department. Check here if you are attaching or forwarding Schedule REG-1-R:

Signature: \_\_\_\_\_

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

Printed name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mail your completed form, with any required attachments and payment 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.