



REG-1 Illinois Business Registration Application

Register faster on-line at tax.illinois.gov. If you are already registered and need to make changes (e.g., adding a location, adding a tax responsibility, changing officer information), 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: _____ - _____

If you are a proprietorship, provide the Social Security number (SSN) under which taxes will be filed.

SSN: _____ - _____ - _____

2 Legal business name - if proprietorship, see instructions.

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

Check here if this is your **only** Illinois location. If you have more Illinois locations, **complete 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 husband and wife: _____

Partnership Trust or estate

Corporation S Corp (Subchapter S Corporation)

Governmental unit Not-for-profit organization

Limited liability company (LLC) treated as a

____ Corporation

____ Partnership

____ Proprietorship

Check here if disregarded: _____

7 Illinois Secretary of State identification (corporate or file) number:

____ - _____ - _____ - _____

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

FEIN: _____ - _____

9 Identify a contact person regarding your business.

Name: _____

Phone: (____) _____ - _____ Ext.: _____

FAX: (____) _____ - _____

Email address: _____

Step 2: Identify your owners, officers, and general partners - if a limited liability company, include the manager

10 Identification depends on your organization type. See instructions. If you need to identify more, **attach Schedule REG-1-O**.

Individuals:

a _____
Name Title

Home street address - **No** PO Box number (____) Telephone - _____

City State ZIP

____ / ____ / ____ SSN - ____ - ____
Date of birth

b _____
Name Title

Home street address - **No** PO Box number (____) Telephone - _____

City State ZIP

____ / ____ / ____ SSN - ____ - ____
Date of birth

c _____
Name Title

Home street address - **No** PO Box number (____) Telephone - _____

City State ZIP

____ / ____ / ____ SSN - ____ - ____
Date of birth

d _____
Name Title

Home street address - **No** PO Box number (____) Telephone - _____

City State ZIP

____ / ____ / ____ SSN - ____ - ____
Date of birth

Businesses that are owners, managers, or general partners:

a _____
Name FEIN - _____

Legal address

City State ZIP

(____) Telephone - _____

b _____
Name FEIN - _____

Legal address

City State ZIP

(____) Telephone - _____

Step 3: Tell us about your business activities

11 Describe your business activities: _____

12 Will you have employees? Yes No
Tell us when your Illinois payroll will begin: ____/____/____

13 Check all that apply to your type of business.

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 in sealed containers
 Vehicle, watercraft, aircraft, or trailer
 From vending machines
Tell us how many machines: _____
 Liquor at retail (bar, tavern, liquor store, etc.)
 Cigarettes: Retail Wholesale
 Tobacco products: Retail Wholesale
 Motor fuel/fuel: Retail Wholesale

Services:

Do you transfer items as part of your service?
 Yes No

Use: If you purchase merchandise for your use in Illinois, does your supplier collect the Illinois sales tax?
 Yes No

Renting or leasing:

- Hotel
 Vehicles. Check the terms of your agreements (both may apply):
 Longer than 12 months 12 months or less

Utilities - Check your utility and type of sales and services:

- Electricity: Retail Resale
 Natural gas: Retail Resale
 Telecommunications: Retail Resale
 Water or sewer services
Are you a utility cooperative? Yes No
Are you a municipality? Yes No

Other:

- Liquor warehousing - **Attach Schedule REG-1-L.**
 Sales or delivery of tires. Do you **always** pay the Tire User Fee to your supplier? Yes No
 Dry cleaning solvents
 Coin-operated amusement devices
 Purchase electricity for non-residential use and want to pay the tax to IDOR.
 Purchase natural gas from out-of-state for my own use and want to pay the tax to IDOR. Identify your delivering supplier(s): _____
 Not listed. Identify: _____

14 When will (did) these activities begin? ____/____/____

Step 4: Check any schedule attached (not all applicants are required to complete schedules)

- Schedule REG-1-L Schedule REG-1-O Other information

Step 5: 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: _____ Telephone: (____) _____ - _____

Step 6: Mail your application

Mail your completed application and attachments (if applicable) to us at

 **CENTRAL REGISTRATION DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19476
SPRINGFIELD IL 62794-9476**

This form is authorized by 20 ILCS 687/6 et seq.; 35 ILCS 5/1 et seq., 105/1 et seq., 110/1 et seq., 115/1 et seq., 120/1 et seq., 130/1 et seq., 135/1 et seq., 143/10-1 et seq., 155/1 et seq., 415/1 et seq., 505/1 et seq., 510/1 et seq., 615/1 et seq., 620/1 et seq., 625/1 et seq., 630/1 et seq., 635/1 et seq.; 640/2-1 et seq.; 230 ILCS 20/1 et seq.; 25/1 et seq., 30/1 et seq.; 235 ILCS 5/1-1 et seq.; 305 ILCS 20/5 et seq., 687/6-1 et seq.; 415 ILCS 125/301 et seq.; Disclosure of this information may be REQUIRED. Failure to provide information could result in this form not being processed and possible penalties. This form has been approved by the Forms Management Center. IL-492-0001