



Illinois Department of Revenue
Schedule REG-1-O Owner and Officer Information
 Attach to Form REG-1.

Business name: _____ FEIN: _____ - _____
 Contact for this schedule: _____ SSN: _____ - _____
 (Proprietorship only)
 Phone: (_____) _____ - _____

Read this information first.

Complete this schedule if you need to identify more than provided for on Form REG-1, Step 2. See the list below to determine your specific identification requirement. To identify more, attach a separate sheet using a similar format. **Please print.**

- Proprietorship** = Owner (and spouse if jointly owned).
- Partnership** = General partners only.
- Corporation and S corp** = Each officer.
- Trust or estate** = Each trustee or executor.
- Governmental unit** = You are only required to identify a contact person.
- Not-for-profit organization** = Each officer.
- Limited liability company** = Each manager and member.

Step 1: Identify your owners and officers who are individuals

Note: Social Security numbers are required to complete registration.

a _____ Title _____
 Legal name _____
 _____ (_____) _____ - _____
 Home street address - No PO box Phone
 _____ City _____ State _____ ZIP _____
 _____ / _____ / _____
 Date of birth Social Security number

e _____ Title _____
 Legal name _____
 _____ (_____) _____ - _____
 Home street address - No PO box Phone
 _____ City _____ State _____ ZIP _____
 _____ / _____ / _____
 Date of birth Social Security number

b _____ Title _____
 Legal name _____
 _____ (_____) _____ - _____
 Home street address - No PO box Phone
 _____ City _____ State _____ ZIP _____
 _____ / _____ / _____
 Date of birth Social Security number

f _____ Title _____
 Legal name _____
 _____ (_____) _____ - _____
 Home street address - No PO box Phone
 _____ City _____ State _____ ZIP _____
 _____ / _____ / _____
 Date of birth Social Security number

c _____ Title _____
 Legal name _____
 _____ (_____) _____ - _____
 Home street address - No PO box Phone
 _____ City _____ State _____ ZIP _____
 _____ / _____ / _____
 Date of birth Social Security number

g _____ Title _____
 Legal name _____
 _____ (_____) _____ - _____
 Home street address - No PO box Phone
 _____ City _____ State _____ ZIP _____
 _____ / _____ / _____
 Date of birth Social Security number

d _____ Title _____
 Legal name _____
 _____ (_____) _____ - _____
 Home street address - No PO box Phone
 _____ City _____ State _____ ZIP _____
 _____ / _____ / _____
 Date of birth Social Security number

h _____ Title _____
 Legal name _____
 _____ (_____) _____ - _____
 Home street address - No PO box Phone
 _____ City _____ State _____ ZIP _____
 _____ / _____ / _____
 Date of birth Social Security number



Step 1: Identify your owners and officers who are individuals - *Continued*

i _____
Legal name Title

Home street address - No PO box (_____) _____ - _____
Phone

City State ZIP

Date of birth / _____ / _____ Social Security number _____

k _____
Legal name Title

Home street address - No PO box (_____) _____ - _____
Phone

City State ZIP

Date of birth / _____ / _____ Social Security number _____

j _____
Legal name Title

Home street address - No PO box (_____) _____ - _____
Phone

City State ZIP

Date of birth / _____ / _____ Social Security number _____

l _____
Legal name Title

Home street address - No PO box (_____) _____ - _____
Phone

City State ZIP

Date of birth / _____ / _____ Social Security number _____

Step 2: Identify all owners that are a business (*not individuals*)

a _____ - _____
Legal name FEIN

Legal address

City State ZIP
(_____) _____ - _____
Phone

e _____ - _____
Legal name FEIN

Legal address

City State ZIP
(_____) _____ - _____
Phone

b _____ - _____
Legal name FEIN

Legal address

City State ZIP
(_____) _____ - _____
Phone

f _____ - _____
Legal name FEIN

Legal address

City State ZIP
(_____) _____ - _____
Phone

c _____ - _____
Legal name FEIN

Legal address

City State ZIP
(_____) _____ - _____
Phone

g _____ - _____
Legal name FEIN

Legal address

City State ZIP
(_____) _____ - _____
Phone

d _____ - _____
Legal name FEIN

Legal address

City State ZIP
(_____) _____ - _____
Phone

h _____ - _____
Legal name FEIN

Legal address

City State ZIP
(_____) _____ - _____
Phone

