



Schedule REG-1-O Owner and Officer Information

Read this information first - If you are a first time registrant, attach this schedule to Form REG-1.

If your organization is a:

- Proprietorship
- Partnership
- Corporation or S Corp*
*If publicly traded (identify below)
- Trust or estate
- Not-for-profit organization
- Limited liability company
- Governmental unit

then complete Step 2 to identify:

- the owner (if husband/wife or civil union, enter both individuals' information)
- each general partner
- the president, secretary, and treasurer
- the chief operating officer and chief financial officer
- each trustee or executor
- the president, secretary, or treasurer
- each manager and member
- one contact person (for example, the liaison)

Step 1: Identify your business or organization

Business name: _____

FEIN: _____ - _____

If your business is a corporation, are you publicly traded? Yes No

SSN: _____ - _____ - _____
(Proprietorship only)

If "Yes", provide the ticker symbol: _____

Contact for this schedule: _____

Phone: (_____) _____ - _____

Step 2: Identify your owners and officers

1 Individuals - For each individual required, complete the following information (including the Social Security number).

a _____
Name Title

Home address - No PO Box number City State ZIP

_____/_____/_____
Date of birth (_____) _____ - _____
Phone

_____-_____-_____
Social Security number Ownership percentage: _____

c _____
Name Title

Home address - No PO Box number City State ZIP

_____/_____/_____
Date of birth (_____) _____ - _____
Phone

_____-_____-_____
Social Security number Ownership percentage: _____

b _____
Name Title

Home address - No PO Box number City State ZIP

_____/_____/_____
Date of birth (_____) _____ - _____
Phone

_____-_____-_____
Social Security number Ownership percentage: _____

d _____
Name Title

Home address - No PO Box number City State ZIP

_____/_____/_____
Date of birth (_____) _____ - _____
Phone

_____-_____-_____
Social Security number Ownership percentage: _____

2 Businesses - For each business that is an owner, complete the following information (including the federal employer identification number (FEIN)).

a _____ - _____
Name FEIN

Legal address

City State ZIP

(_____) _____ - _____
Phone Ownership percentage: _____

b _____ - _____
Name FEIN

Legal address

City State ZIP

(_____) _____ - _____
Phone Ownership percentage: _____

Step 3: Remove owners and officers (for current registrants only, *not* new registrants)

Complete the following information (including the Social Security number) if you need to remove an owner or officer from our registration records.

a _____
Name Title

_____/_____/_____
Date of birth (_____) _____ - _____
Phone

_____-_____-_____
Social Security number _____/_____/_____
Date ceased as owner/officer

b _____
Name Title

_____/_____/_____
Date of birth (_____) _____ - _____
Phone

_____-_____-_____
Social Security number _____/_____/_____
Date ceased as owner/officer

Step 4: Sign here

Under penalties of perjury, I certify I have examined all the information provided for my registration or renewal application and, to the best of my knowledge, it is true, correct, and complete.

Signature: _____

Date: ____/____/____

Printed name: _____

Title: _____

Send your completed form to REV.CRD@Illinois.gov, Fax 217 785-6013, or mail to:

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

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