



**Illinois Department of Revenue**  
**Schedule REG-1-T**  
 Attach to Form REG-1.

**Telecommunications Tax**  
**Location Information**

Business name: \_\_\_\_\_

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

Contact for this schedule: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_  
(Proprietorship only)

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

**Read this information first.**

Complete Schedule REG-1-T to identify each municipality and county where you provide telecommunications services (this does not include locations where you only make retail sales of telephones and accessories). To determine the appropriate code, refer to the tax rate finder on our our web site at [tax.illinois.gov](http://tax.illinois.gov). Because some municipalities are located in more than one county and/or have very similar names, be sure to provide the appropriate code for the location that you are identifying. If you provide service to customers you know are **not** located within a municipality, list the appropriate county where they are located. If you need to identify more, attach a separate sheet using a similar format.

**Step 1: Identify each municipality where you provide your services**

Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____
Municipality: _____	Code: _____ - _____ - _____

**Step 2: Identify each county where you provide your services**

County name: _____	Code: _____ - _____ - _____
County name: _____	Code: _____ - _____ - _____
County name: _____	Code: _____ - _____ - _____
County name: _____	Code: _____ - _____ - _____
County name: _____	Code: _____ - _____ - _____
County name: _____	Code: _____ - _____ - _____
County name: _____	Code: _____ - _____ - _____

