



CRT-63 Sales Through Marketplace Facilitator Certificate

Step 1: Identify the marketplace seller or serviceperson

Name _____

DBA _____

Business Address _____
City State Zip

Illinois sales tax account ID or FEIN (or SSN, if no account ID or FEIN) _____

Step 2: Identify the marketplace facilitator

Name _____

Business Address _____
City State Zip

Illinois sales tax account ID _____ Effective Date _____
(Enter the account ID used to report sales on behalf of your marketplace sellers or servicepersons.)

Step 3: Taxes collected by the marketplace facilitator

Indicate the taxes the marketplace facilitator will collect.

- State and local Retailers' Occupation Taxes and Use Taxes administered by the Illinois Department of Revenue (IDOR)
- State and local Service Occupation Taxes and Service Use Taxes administered by IDOR

The marketplace facilitator is **required** to collect the following taxes:

- Chicago Soft Drink Tax, if applicable
- MPEA Food and Beverage Tax, if applicable

Additionally, the marketplace facilitator agrees to voluntarily collect the following taxes:

Other (describe): _____

NOTE: Any tax not listed or indicated is the responsibility of the marketplace seller or serviceperson.

Step 4: Marketplace facilitator's signature

I certify that I, the marketplace facilitator, assume the rights and duties of a retailer or serviceperson and that I am responsible for collecting and remitting the taxes under the Retailers' Occupation Tax Act (ROTA) and Use Tax Act (UTA) and/or the Service Occupation Tax Act (SOTA) or Service Use Tax Act (SUTA) and all applicable local taxes administered by IDOR with respect to sales or transfers of tangible personal property incident to sales of service made by the marketplace seller or serviceperson through the marketplace.

I understand misuse or misrepresentation may also result in penalties, interest, and criminal prosecution.

Marketplace facilitator's signature _____ Printed name _____ Date _____

Email _____ Phone _____