



REG-3-C Business Information Update

Step 1: Read this information first

Complete the following information to update your registration information. Submit REG-3-C via email to Rev.CRD@illinois.gov, mail to **Illinois Department of Revenue, P.O. Box 19030, Springfield, Illinois, 62794-9030**, or fax to **217 785-6013**.

Step 2: Identify your current business

1 Business name _____ **4 FEIN or SSN:** _____

2 _____ **5** (_____) _____ - _____
 Number and street City State ZIP Phone

3 Email address _____

Step 3: Discontinuation or sale of entire business - *If you sold your business, Form CBS-1, Notice of Sale, Purchase, or Transfer of Business Assets, may be required. Visit our website at tax.illinois.gov for more information.*

6 Effective date: _____

Step 4: Change business name - *If your FEIN has changed due to a name change, you must complete a new Form REG-1, Illinois Business Registration Application. For a copy or to register on-line, visit our website at tax.illinois.gov.*

7 Previous legal business name: _____ New legal business name: _____

8 Previous DBA name: _____ New DBA name: _____

Step 5: Change current address

a Legal address - Effective date: _____

9 _____ **11** (_____) _____ - _____
 Number and street City State ZIP Phone

10 _____ **12** _____
 County Township

b Mailing address - Effective date: _____

13 _____ **16** (_____) _____ - _____
 Number and street City State ZIP Phone

14 _____
 In care of name

15 Identify the taxes affected by this change

<input type="checkbox"/> Sales and use taxes and fees	<input type="checkbox"/> Motor fuel and related taxes
<input type="checkbox"/> Marketplace Facilitator	<input type="checkbox"/> Motor vehicle renting tax
<input type="checkbox"/> Withholding income tax	<input type="checkbox"/> Excise taxes and fees - Identify tax/fee: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Unemployment insurance
<input type="checkbox"/> All taxes and fees	

Step 6: Add a location - Effective date: _____ *Complete Schedule REG-1-L, Illinois Business Site Location Information, to add more than one location. For a copy or to add a location on-line, visit our website at tax.illinois.gov.*

17 _____ **20** (_____) _____ - _____
 Number and street City State ZIP Phone

18 Check the best **physical** description of this location: permanent temporary (e.g., fairs, flea market)

19 Is the address outside the city limits? yes no

Step 7: Close a location - Date this location closed: _____ *If closing more than one location, attach a separate sheet following the same format as below including the date closed.*

21 _____
 Number and street City State ZIP

22 _____ **23** _____
 County Township

Step 8: Change owner or officer information

24 Individuals - Social Security Numbers (SSN) required:

a _____
Name Title

Home address - **PO Box not accepted** City State ZIP

Date of birth (_____) - _____
Phone

Social Security number Ownership percentage: _____

b _____
Name Title

Home address - **PO Box not accepted** City State ZIP

Date of birth (_____) - _____
Phone

Social Security number Ownership percentage: _____

c _____
Name Title

Home address - **PO Box not accepted** City State ZIP

Date of birth (_____) - _____
Phone

Social Security number Ownership percentage: _____

d _____
Name Title

Home address - **PO Box not accepted** City State ZIP

Date of birth (_____) - _____
Phone

Social Security number Ownership percentage: _____

25 Businesses - Federal Employers Identification Numbers (FEIN) required

a _____
Name FEIN

Legal address

City State ZIP
(_____) - _____
Phone Ownership percentage: _____

b _____
Name FEIN

Legal address

City State ZIP
(_____) - _____
Phone Ownership percentage: _____

Step 9: Remove owners, officers, and responsible parties

26 Complete the following information (including the Social Security number) if you need to remove an owner, officer, or responsible party from the Department's registration records.

a _____
Name Title

Date of birth (_____) - _____
Phone

Social Security number Date ceased

b _____
Name Title

Date of birth (_____) - _____
Phone

Social Security number Date ceased

27 Identify the taxes affected by this change

- Marketplaces Facilitator
 Withholding income tax
 Other: _____
- Sales and use taxes and fees
 Motor vehicle renting tax
 Excise taxes and fees - Identify tax/fee: _____
 All taxes and fees
- Motor fuel and related taxes
 Unemployment insurance

Step 10: Identify a contact person regarding your business

28 Name: _____ Title: _____

29 (_____) - _____ (_____) - _____
Phone Fax Email address

Step 11: Comments

Step 12: 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.

Signature: _____ Title: _____ Date: _____

Printed name (_____) - _____
Phone