

## Illinois Department of Revenue

## **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 <a href="Rev.CRD@illinois.gov">Rev.CRD@illinois.gov</a>, mail to Illinois Department of Revenue, P.O. Box 19030, Springfield, Illinois, 62794-9030, or fax to 217 785-6013.

Ste 1	ep 2: Identify your current business				4 F	FIN	or SSN:
•	Business name				71	LIIV	or 33N
2	Number and street Cit	ty	State	z ZIP	5	( Phon	)
3	Email address						
	ep 3: Discontinuation or sale of e						
	Effective date:						
Ste	ep 4: Change business name - If y Illinois Business Registration Applicatio						
7	Previous legal business name:		-	New lega	ıl busi	ness	s name:
8	Previous DBA name:			New DBA	\ nam	e:	
Ste	ep 5: Change current address						
а	Legal address - Effective date:						
9	Number and street Cit		State	ZIP		11	()
10						12	
	County						Township
b	Mailing address - Effective date:						
	•		_				
13	Number and street Cit	ty	State	ZIP		16	(
14	In care of name						
4-				1.6		_	
15	Identify the taxes affected by this change  Marketplace Facilitator	☐ Sales and use ☐ Motor vehicle					I Motor fuel and related taxes I Unemployment insurance
	☐ Withholding income tax			es - Identif	y tax/f	ee: _	
	Other:	☐ All taxes and					
Ste	ep 6: Add a location - Effective date Information, to add more than one local						REG-1-L, Illinois Business Site Location sit our website at tax.illinois.gov.
17		.,				20	
.,	Number and street Cit	Y	State	ZIP	_	20	Phone
	Check the best <i>physical</i> description of this	s location:		permaner	nt [	□ te	emporary (e.g., fairs, flea market)
19	Is the address outside the city limits?			yes	[	□ n	0
Ste	ep 7: Close a location - Date this lo			ing the sar	ne forr	- nat a	s below including the date closed.
21				g can			and the state of t
	Number and street Cit	ty	State	ZIP			
22	County		2	Z3			

	a				С	Name				
	DO Pov not occurred						) Day not accepted			
	Home address - PO Box not accepted	City	State	ZIP		Home address - PC	Box not accepted	City	State	Z
	Date of birth	() Phone	) <del>-</del> .			Date of birth		Phone	) <del>-</del> _	
	Social Security number Ownership percentage:				Ownership percentage:					
b					d					
	Name		Title			Name			Title	
	Home address - PO Box not accepted	City	State	ZIP		Home address - PC	Box not accepted	City	State	Z
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		_ Ownership	percentage: .					_ Ownership	percentage: _	
	Social Security number	_ '	1 5			Social Security num	nber			
а	Name		FEIN		b	Name			FEIN	
	Legal address					Legal address				
	City		State	ZIP		City			State	Z
	( ) -	Ownersh	ip percentage	٠.		( )	_	Ownershin	percentage: _	
	Phone	_ Ownersin	ip percentage			Phone		_ Ownership	percentage	
<b>C</b>	9: Remove owners, omplete the following information epartment's registration records	on (including			number) if y		ove an owner, of	fficer, or respo	onsible party	from
Ċ	omplete the following information	on (including t				Ou need to rem	ove an owner, of	(	onsible party	from
<b>C</b>	omplete the following information and the epartment's registration records	on (including t	the <b>Social S</b>		number) if y	ou need to rem	ove an owner, of	fficer, or respondent		from
<b>C</b>	omplete the following information records  Name	on (including to s. ———————————————————————————————————	Title		number) if y	Ou need to rem  Name		(	Title	from
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