



Illinois Department of Revenue

Schedule REG-1-R Responsible Party Information

Read this information first - First time registrants - Attach this schedule to Form REG-1.

Complete this schedule to identify the person(s) who will be responsible for filing returns and paying taxes due or to remove a responsible party. If you need to identify additional persons, attach a separate sheet using a similar format. Submit Schedule REG-1-R via email to Rev.CRD@illinois.gov or fax at 217 785-6013.

Step 1: Identify your business or organization

Business name: _____ FEIN: _____

If your business is a corporation, is it publicly traded? Yes No SSN: _____
(Proprietorship only)

If "Yes", provide the ticker symbol: _____

Contact for this schedule: _____ Phone: (____) _____ - _____

Step 2: Identify the person(s) responsible for filing your business' returns and paying all taxes due

Printed legal name: _____ SSN: _____

Legal address: _____ Phone: (____) _____ - _____

Check all for which you are responsible:

- | | | |
|--|---|--|
| <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"/> Unemployment insurance | <input type="checkbox"/> Withholding income tax |
| <input type="checkbox"/> Excise taxes and fees - Identify tax/fee: _____ | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> All taxes and fees | | |

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. I further attest that I will be responsible for filing returns and paying the taxes indicated.

Signature: _____ Title: _____ Date: _____

To identify another person, complete the following:

Printed legal name: _____ SSN: _____

Legal address: _____ Phone: (____) _____ - _____

Check all for which you are responsible:

- | | | |
|--|---|--|
| <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"/> Unemployment insurance | <input type="checkbox"/> Withholding income tax |
| <input type="checkbox"/> Excise taxes and fees - Identify tax/fee: _____ | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> All taxes and fees | | |

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. I further attest that I will be responsible for filing returns and paying the taxes indicated.

Signature: _____ Title: _____ Date: _____

To remove a responsible party, complete the following:

Printed legal name: _____ SSN: _____

Legal address: _____ Phone: (____) _____ - _____

Check all for which you are responsible:

- | | | |
|--|---|--|
| <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"/> Unemployment insurance | <input type="checkbox"/> Withholding income tax |
| <input type="checkbox"/> Excise taxes and fees - Identify tax/fee: _____ | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> All taxes and fees | | |

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. I further attest that I will be responsible for filing returns and paying the taxes indicated.

Signature: _____ Title: _____ Date: _____

Mail your completed schedule, with any required attachments to:

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