



REG-1 Illinois Business Registration Application

Register faster on-line at tax.illinois.gov. If you are already registered and need to make changes (e.g., adding a location, changing officer information), call us weekdays between 8 a.m. and 5 p.m. at 217 785-3707.

Step 1: Identify your business or organization

1 Federal employer identification number (FEIN)
 FEIN: _____ - _____
 Proprietorships must provide the Social Security number (SSN) under which taxes will be filed.
 SSN: _____ - _____ - _____

2 Legal business name - if proprietorship, see instructions.

3 Doing-business-as (DBA), assumed, or trade name, if different from Line 2.

4 Primary or legal business address.
 Street address - **No** PO Box number _____ Apartment or suite number _____
 City _____ State _____ ZIP _____

If you have other locations in Illinois from where you do business, complete and attach Schedule REG-1-L.

5 Mailing address if different from the address above.
 In-care-of name _____
 Street address or PO Box number _____ Apartment or suite number _____
 City _____ State _____ ZIP _____

6 Check the organization type that applies to you:
 Proprietorship. Check if owned by husband and wife: _____
 Partnership Trust or estate
 Corporation* S Corp (Subchapter S Corporation)*
 *Requires President, Secretary, and Treasurer/Comptroller to be identified in Step 2.
 Governmental unit Not-for-profit organization
 Limited liability company (LLC) treated as a _____ Corporation
 _____ Partnership
 _____ Proprietorship
 Check here if disregarded: _____

7 Illinois Secretary of State identification number:
 _____ - _____ - _____ - _____

8 Is your business part of a unitary group? Yes No
 If "Yes", provide the FEIN of your designated agent (the person responsible for filing your Illinois income tax return):
 FEIN: _____ - _____

9 Identify a contact person regarding your business.
 Name: _____
 Phone: (_____) _____ - _____ Ext.: _____
 FAX: (_____) _____ - _____
 Email address: _____

Step 2: Identify your owners and officers - If you need to identify more, attach Schedule REG-1-O.

10 Each (i.e., owner, officer, general partner, trustee, executor, and for limited liability company - manager and member) must be identified, including their **Social Security number to complete registration**. Identification depends on the organization type you selected in Line 6.

Individuals:

a _____
 Name Title
 Home street address - **No** PO Box number (_____) _____ - _____
 Phone
 City _____ State _____ ZIP _____
 Date of birth _____ / _____ / _____ SSN _____ - _____ - _____

b _____
 Name Title
 Home street address - **No** PO Box number (_____) _____ - _____
 Phone
 City _____ State _____ ZIP _____
 Date of birth _____ / _____ / _____ SSN _____ - _____ - _____

c _____
 Name Title
 Home street address - **No** PO Box number (_____) _____ - _____
 Phone
 City _____ State _____ ZIP _____
 Date of birth _____ / _____ / _____ SSN _____ - _____ - _____

d _____
 Name Title
 Home street address - **No** PO Box number (_____) _____ - _____
 Phone
 City _____ State _____ ZIP _____
 Date of birth _____ / _____ / _____ SSN _____ - _____ - _____

Businesses:

a _____
 Name FEIN
 Legal address
 City _____ State _____ ZIP _____
 (_____) _____ - _____
 Phone

b _____
 Name FEIN
 Legal address
 City _____ State _____ ZIP _____
 (_____) _____ - _____
 Phone



Step 3: Tell us about your business activities

11 Describe your business activities: _____

Provide your North American Industry Classification System (NAICS) number if known: _____
 Refer to the Web site **www.naics.com**.

12 Will you have employees? ___ Yes ___ No
When will (did) your Illinois payroll begin: ___/___/___

13 Does your supplier collect the Illinois sales tax for merchandise your business uses or consumes? ___ Yes ___ No
When will (did) these activities begin? ___/___/___

14 Check all that apply to your type of business.

Sales: You must complete and attach Schedule REG-1-L to identify all **Illinois** locations from which you make retail sales.

___ General merchandise: ___ Retail ___ Wholesale

Do you estimate your monthly sales tax liability to be over \$200? ___ Yes ___ No

___ Sales to Illinois customers from out-of-state.

Check here if you have an Illinois presence.

___ Soft drinks in sealed containers

___ Vehicle, watercraft, aircraft, or trailers

___ Sales or delivery of tires. Do you **always** pay the Tire User Fee to your supplier? ___ Yes ___ No

___ From vending machines - How many: _____

___ Liquor at retail (bar, tavern, liquor store, etc.)

___ Cigarettes - See **Schedule REG-1-C** before you check here.

___ Tobacco products - See **Schedule REG-1-C** before you check here.

___ Motor fuel/fuel: ___ Retail ___ Wholesale

When will (did) these activities begin? ___/___/___

Services:

Do you transfer items as part of your service? ___ Yes ___ No

When will (did) this activity begin? ___/___/___

Renting or leasing: You must complete and attach Schedule REG-1-L to identify your Illinois locations from which you rent or lease.

___ Hotel rooms for less than 30 days.

___ Vehicles for one year or less.

When will (did) these activities begin? ___/___/___

Utilities - Check your type of sales or services.

___ Electricity: ___ Retail ___ Resale

___ Natural gas: ___ Retail ___ Resale

___ Telecommunications - See **Schedule REG-1-T**.

___ Retail ___ Resale

___ Water or sewer services

Are you a utility cooperative? ___ Yes ___ No

Are you a municipality? ___ Yes ___ No

When will (did) these activities begin? ___/___/___

Other:

___ Liquor warehousing - **Attach Schedule REG-1-A**.

___ Dry cleaning: ___ Facility ___ Solvent supplier

___ Own/operate coin-operated amusement devices

___ You wish to purchase electricity for non-residential use and pay the tax to IDOR - **Attach Schedule REG-1-D**.

___ You wish to purchase natural gas from outside of Illinois for your own use and pay the tax to IDOR - **Attach Schedule REG-1-G**.

___ Not listed. Identify: _____

When will (did) these activities begin? ___/___/___

Step 4: Check any schedule attached (not all applicants are required to complete additional schedules)

Schedule REG-1-L

Schedule REG-1-T

Schedule REG-1-D

Schedule REG-1-O

Schedule REG-1-C

Schedule REG-1-G

Schedule REG-1-R

Schedule REG-1-A

Other information

Step 5: 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. I further attest that I will be responsible for filing returns and paying all taxes due **unless** Schedule REG-1-R, Responsible Party Information, is attached to this application or forwarded to the department. Check here if you are attaching or forwarding Schedule REG-1-R:

Signature: _____

Title: _____

Date: ___/___/___

Printed name: _____

SSN: _____ - _____ - _____

Address: _____

Phone: (____) _____ - _____

Step 6: Mail your application

Mail your completed application to us at



**CENTRAL REGISTRATION DIVISION
 ILLINOIS DEPARTMENT OF REVENUE
 PO BOX 19476
 SPRINGFIELD IL 62794-9476**

