



REG-1 Illinois Business Registration Application

Register faster on-line at tax.illinois.gov.

Step 1: Identify your business or organization

1 Federal employer identification number (FEIN)

FEIN: _____ - _____

If you are a proprietorship, 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

Check here if this is your **only** Illinois location. If you have more Illinois locations, **complete 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)
 - 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 (corporate or file) 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, officers, and general partners - if a limited liability company, include the manager

10 Identification depends on your organization type. See instructions. If you need to identify more, **attach Schedule REG-1-O.**

Individuals:

a _____ Title _____

Name _____ Title _____

Home street address - **No** PO Box number (____) _____ - _____ Telephone

City State ZIP

____ / ____ / ____ Date of birth SSN - ____ - ____

b _____ Title _____

Name _____ Title _____

Home street address - **No** PO Box number (____) _____ - _____ Telephone

City State ZIP

____ / ____ / ____ Date of birth SSN - ____ - ____

c _____ Title _____

Name _____ Title _____

Home street address - **No** PO Box number (____) _____ - _____ Telephone

City State ZIP

____ / ____ / ____ Date of birth SSN - ____ - ____

d _____ Title _____

Name _____ Title _____

Home street address - **No** PO Box number (____) _____ - _____ Telephone

City State ZIP

____ / ____ / ____ Date of birth SSN - ____ - ____

Businesses that are owners, managers, or general partners:

a _____ FEIN _____

Name _____ FEIN _____

Legal address _____

City State ZIP

(____) _____ - _____ Telephone

b _____ FEIN _____

Name _____ FEIN _____

Legal address _____

City State ZIP

(____) _____ - _____ Telephone

Step 3: Tell us about your business activities

11 Describe your business activities: _____

12 Will you have employees? Yes No
Tell us when your Illinois payroll will begin: ____/____/____

13 Check all that apply to your type of business.

Sales:

- General merchandise: Retail Wholesale
- 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 trailer
- From vending machines
- Tell us how many machines: _____
- Liquor at retail (bar, tavern, liquor store, etc.)
- Cigarettes: Retail Wholesale
- Tobacco products: Retail Wholesale
- Motor fuel/fuel: Retail Wholesale

Services: See Publication 133.

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

Use: If you purchase merchandise for your use in Illinois, does your supplier collect the Illinois sales tax?
 Yes No

Renting or leasing:

- Hotel
- Vehicles. Check the terms of your agreements (both may apply):
 Longer than 12 months 12 months or less

Utilities - Check your utility and type of sales and services:

- Electricity: Retail Resale
- Natural gas: Retail Resale
- Telecommunications: Retail Resale
- Water or sewer services
- Are you a utility cooperative? Yes No
- Are you a municipality? Yes No

Other:

- Liquor warehousing - **Attach Schedule REG-1-L.**
- Sales or delivery of tires. Do you **always** pay the Tire User Fee to your supplier? Yes No
- Dry cleaning solvents
- Coin-operated amusement devices
- Purchase electricity for non-residential use and want to pay the tax to IDOR.
- Purchase natural gas from out-of-state for my own use and want to pay the tax to IDOR. Identify your delivering supplier(s):

- Not listed. Identify: _____

14 When will (did) these activities begin? ____/____/____

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

- Schedule REG-1-L Schedule REG-1-O 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: _____ Telephone: (____) _____ - _____

Step 6: Mail your application

Mail your completed application and attachments (if applicable) to us at



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

This form is authorized by 20 ILCS 687/6-1 et seq.; 35 ILCS 5/1 et seq.; 105/1 et seq.; 110/1 et seq.; 115/1 et seq.; 120/1 et seq.; 130/1 et seq.; 135/1 et seq.; 143/10-1 et seq.; 155/1 et seq.; 415/1 et seq.; 505/1 et seq.; 510/1 et seq.; 615/1 et seq.; 620/1 et seq.; 625/1 et seq.; 630/1 et seq.; 635/1 et seq.; 640/2-1 et seq.; 230 ILCS 20/1 et seq.; 25/1 et seq.; 30/1 et seq.; 235 ILCS 5/1-1 et seq.; 305 ILCS 20/5 et seq.; 415 ILCS 125/301 et seq.; Disclosure of this information may be REQUIRED. Failure to provide information could result in this form not being processed and possible penalties. This form has been approved by the Forms Management Center. IL-492-0001