



# REG-1 Illinois Business Registration Application (new applicants only)

Register faster on-line at [tax.illinois.gov](http://tax.illinois.gov). If you are already registered and need to make changes (e.g., adding a location, adding a tax responsibility, changing officer information), call us weekdays between 8:00 a.m. and 4:30 p.m. at 217 785-3707.

## 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** \_\_\_\_\_  
Name Title

Home street address - **No** PO Box number (\_\_\_\_) Telephone - \_\_\_\_\_

City State ZIP

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of birth SSN - \_\_\_\_\_ - \_\_\_\_\_

**b** \_\_\_\_\_  
Name Title

Home street address - **No** PO Box number (\_\_\_\_) Telephone - \_\_\_\_\_

City State ZIP

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of birth SSN - \_\_\_\_\_ - \_\_\_\_\_

**c** \_\_\_\_\_  
Name Title

Home street address - **No** PO Box number (\_\_\_\_) Telephone - \_\_\_\_\_

City State ZIP

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of birth SSN - \_\_\_\_\_ - \_\_\_\_\_

**d** \_\_\_\_\_  
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** \_\_\_\_\_  
Name FEIN - \_\_\_\_\_

Legal address

City State ZIP

(\_\_\_\_) Telephone - \_\_\_\_\_

**b** \_\_\_\_\_  
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