



Illinois Department of Revenue

REG-1 Illinois Business Registration Application

Register faster using **MyTax Illinois**, our online account management program, available at mytax.illinois.gov. If you have questions, visit our website at tax.illinois.gov or 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: _____ - _____

Proprietorships must provide the Social Security number (SSN) under which taxes will be filed.

SSN: _____ - _____ - _____

2 Legal business name:

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 a married couple or civil union
- Partnership Trust or estate
- Corporation* S Corp (Subchapter S Corporation)*

*Is your corporation publicly traded? ___ Yes ___ No
 If yes, provide the ticker symbol _____

- Governmental unit Not-for-profit organization
- LLC - Corporation LLC - Partnership
- LLC - Single member _____ Check if disregarded

If you are applying to be a Scholarship Granting Organization under the Invest in Kids Act of 2017, you must apply online using MyTax Illinois, available at mytax.illinois.gov.

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 entity responsible for filing your Illinois income tax return):

FEIN: _____ - _____

9 Identify a contact person regarding your business.

Name: _____ Title: _____

Phone: (____) _____ - _____ Ext.: _____

FAX: (____) _____ - _____

Email address: _____

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

10 Identification depends on the organization type you selected in Step 1, Line 6 (proprietorship - owner(s); partnership - general partners; non-publicly traded corporation - president, secretary, and treasurer; publicly traded corporation - chief operating officer and chief financial officer; trust or estate - trustee(s) or executor(s); governmental unit - one contact person; not-for-profit organization - president, secretary, or treasurer; limited liability company - managers and members). For each individual or business required, complete the following information.

Individuals: (include Social Security number (SSN))

a Name _____ Title _____

Home address - **No** PO Box number _____ City _____ State _____ ZIP _____

_____/_____/____ (____) _____ - _____
 Date of birth Phone

____ - ____ - ____ Ownership percentage: _____
 Social Security number

b Name _____ Title _____

Home address - **No** PO Box number _____ City _____ State _____ ZIP _____

_____/_____/____ (____) _____ - _____
 Date of birth Phone

____ - ____ - ____ Ownership percentage: _____
 Social Security number

c Name _____ Title _____

Home address - **No** PO Box number _____ City _____ State _____ ZIP _____

_____/_____/____ (____) _____ - _____
 Date of birth Phone

____ - ____ - ____ Ownership percentage: _____
 Social Security number

d Name _____ Title _____

Home address - **No** PO Box number _____ City _____ State _____ ZIP _____

_____/_____/____ (____) _____ - _____
 Date of birth Phone

____ - ____ - ____ Ownership percentage: _____
 Social Security number

Businesses: (include federal employer identification number (FEIN))

a Name _____ FEIN _____

Legal address _____

City _____ State _____ ZIP _____

(____) _____ - _____ Ownership percentage: _____
 Phone

b Name _____ FEIN _____

Legal address _____

City _____ State _____ ZIP _____

(____) _____ - _____ Ownership percentage: _____
 Phone



Step 3: Tell us about your business activities

11 Describe your business activities: _____

Provide your North American Industry Classification System (NAICS) number: _____

Refer to the website www.naics.com

12 Will you have Illinois employees? ___ Yes ___ No

If yes, complete and attach **Schedule REG-UI-1**.

When was (is) the date of your first payroll in Illinois?

___/___/___

13 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

Note: You must check "Retail" above if you make retail sales that are filled from inventory that is maintained in Illinois prior to its delivery to your Illinois purchaser.

Sales to Illinois customers from out of state

___ Check here if you have an Illinois presence, including, but not limited to having an office or other facility in Illinois or having employees or other representatives operating in Illinois.

___ Check here if you make \$100,000 or more in annual sales to Illinois customers.

___ Check here if you make 200 or more separate transactions annually to Illinois customers.

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

Soft drinks (other than fountain soft drinks) in Chicago

Vehicle, watercraft, aircraft, or trailers

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

Sales from vending machines. How many vending machines? ___

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

Motor fuel/fuel: ___ Retail ___ Wholesale

___ Check here if you are required to **collect** prepaid sales tax.

Medical cannabis - **Attach Schedule REG-1-MC**.

___ Cultivation Center ___ Dispensing Organization

Aviation fuel: ___ Retail ___ Wholesale

(if wholesale, attach Schedule REG-8-A)

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

Services

Do you transfer items, on which tax must be collected, as part of your service? ___ Yes ___ No

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

Use

Does your supplier collect Illinois Sales Tax for merchandise your business uses or consumes in Illinois?

___ Yes ___ No

Does your supplier collect Illinois Sales Tax on sales of aviation fuel your business uses or consumes in Illinois?

___ Yes ___ No

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

Cigarettes and other tobacco products

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

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

Cigarette machine operator - See **Schedule REG-1-C** before you check here.

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

Renting or leasing

Hotel rooms for less than 30 days - **Attach Schedule REG-1-L**.

Do you charge for telecommunication services?

___ Yes ___ No

Vehicles for one year or less - **Attach Schedule REG-1-L**.

Vehicles for more than one year

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

Utility providers

Electricity: ___ Retail ___ Wholesale

Natural gas: ___ Retail ___ Wholesale

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

___ Retail ___ Wholesale

Water or sewer services

Are you a utility cooperative? ___ Yes ___ No

Are you a municipality? ___ Yes ___ No

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

All other tax types

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: 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: (_____) _____ - _____

Mail your completed form, with any required attachments and payment to:

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

