



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 - S Corporation LLC - Single member
 _____ Check if your organization type is 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 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 and Use Tax

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

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 and use tax liability will be over \$200? Yes No

Sales to Illinois customers from out of state

____ Check 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 if you make \$100,000 or more in annual sales from your own sales to Illinois purchasers.

____ Check if you make 200 or more separate transactions annually from your own sales to Illinois purchasers.

Check if you are a marketplace facilitator - **Attach Schedule REG-1-MKP.**

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

Attach Form REG-8-A

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

Sales of Motor Fuel in a county that imposes County Motor Fuel Tax

Sales of Motor Fuel in a municipality that imposes Municipal Motor Fuel Tax

Aviation fuel: Retail Wholesale (if wholesale, attach Form REG-8-A)

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

____ Cultivation Center Dispensing Organization

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? ____/____/____

Purchaser (Self-assessed Use Tax)

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**

