



CBS-1 Notice of Sale, Purchase, or Transfer of Business Assets



- Complete this form in its entirety.
- Type or print clearly.
- Read Form CBS-1 Instructions for additional information.

Step 1: Identify the business, business assets, or business property being sold or transferred

1 Business name _____

2 Street address _____

Street address (if needed) _____

City _____ State _____ ZIP _____

3 Illinois business tax number (IBT no.) or account identification number _____

4 Federal employer identification number (FEIN) _____ Seq. number _____

5 Social Security number _____

6 Is the selling entity a disregarded entity? Yes No
If yes, provide the Illinois Account ID number of the entity responsible for filing with the Illinois Department of Revenue. _____

Step 2: Identify the seller or transferor

7 Name _____

8 Home or current mailing address _____

City _____ State _____ ZIP _____

9 () _____
Daytime phone number _____ email address _____

10 Name of seller's or transferor's attorney _____

11 Attorney's mailing address _____

City _____ State _____ ZIP _____

12 () _____
Attorney's daytime phone number _____ Attorney's email address _____

Step 3: Identify the purchaser or transferee

13 Name _____

14 Current mailing address _____

City _____ State _____ ZIP _____

15 () _____
Daytime phone number _____ email address _____

16 Purchaser or transferee's IBT no. and FEIN _____

17 Name of purchaser's or transferee's attorney _____

18 Attorney's mailing address _____

City _____ State _____ ZIP _____

19 () _____
Attorney's daytime phone number _____ Attorney's email address _____

Step 4: Describe the terms of sale or transfer

20 Date business will be sold _____ / _____ / _____
month day year

21 Selling price of the business or the value of the business assets transferred. \$ _____

22 Was the entire business sold or transferred? (If no, provide a description of what is being sold.)
 Yes
 No _____

23 Are the seller's or transferor's registration numbers shown on Line 3 to remain active with IDOR? If no, provide the date to be discontinued. Yes No _____ / _____ / _____
month day year

24 Terms of sale or transfer. Put an "X" in the appropriate box and provide additional information as requested.

Cash sale

Contract sale. Complete the following information

- Down payment amount \$ _____
- Monthly payment amount \$ _____
- Date last payment is due _____ / _____ / _____
month day year

Conventional financing

Other (specify) _____

Step 5: List any additional persons to whom we must send a copy of the bulk sales correspondence

If you need to list more than four persons in this step, attach an additional sheet following the same format for each.

25 _____
Name

Home or mailing address

City State ZIP

()

Daytime phone number Email address

Check one to show association with: Seller Purchaser

27 _____
Name

Home or mailing address

City State ZIP

()

Daytime phone number Email address

Check one to show association with: Seller Purchaser

26 _____
Name

Home or mailing address

City State ZIP

()

Daytime phone number Email address

Check one to show association with: Seller Purchaser

28 _____
Name

Home or mailing address

City State ZIP

()

Daytime phone number Email address

Check one to show association with: Seller Purchaser

Step 6: Identify yourself (the person submitting the form)

29 _____
Your name

30 _____
Your mailing address

City State ZIP

31 () _____
Daytime phone number Email address

Step 7: Submit completed form

Attach a copy of the **financing agreement** (if requested), and a copy of the following from the **sales contract to Form CBS-1**:

- Page(s) identifying the business, assets, and/or property being sold
- Page(s) identifying the purchase price
- Page(s) identifying how payment is to be made
- Signatures of the purchaser or transferor and seller or transferer

Submit Form CBS-1 by

- **completing** the form on our website and **clicking** the "Submit" button at the bottom of the page*
- **emailing** the form to **REV.bulksales@illinois.gov**
- **faxing the form to** **217 785-2635**
- **mailing** the form to **BULK SALES UNIT**
ILLINOIS DEPARTMENT OF REVENUE
P.O. BOX 19035
SPRINGFIELD IL 62794-9035

* Special Note → If you have an email address linked to your web browser, you should submit Form CBS-1 by using the "Submit" button at the bottom of the form on our website. **If you do not** have an email account linked to your web browser, save the form and send it as an email attachment.