



Illinois Department of Revenue

# Schedule REG-1-MR Illinois Cigarette Manufacturer's Representative

Attach to Form REG-1 and REG-1-C.

You must file this schedule if you are a cigarette manufacturer and have any "cigarette manufacturer's representatives", which are directors, officers, or employees marketing Illinois stamped cigarette packages to retailers. These products must be obtained from an Illinois licensed cigarette distributor. A manufacturer's representative may not possess more than 500 Illinois stamped cigarette packages at one time and is limited to selling 600 Illinois stamped cigarette packages in a calendar year.

## Step 1: Identify your business or organization and the operation's physical location

Business name: \_\_\_\_\_ FEIN: \_\_\_\_\_ - \_\_\_\_\_

Business address: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_  
Number and street (Proprietorship only)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Contact for this schedule: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Step 2: Identify your representatives: If you need to identify more representatives, attach a separate sheet(s) using the same format.

Tell us how many representatives you will have in Illinois: \_\_\_\_\_

**a** \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Make and model of vehicle \_\_\_\_\_ License plate - State & no. \_\_\_\_\_

**d** \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Make and model of vehicle \_\_\_\_\_ License plate - State & no. \_\_\_\_\_

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

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Make and model of vehicle \_\_\_\_\_ License plate - State & no. \_\_\_\_\_

**e** \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Make and model of vehicle \_\_\_\_\_ License plate - State & no. \_\_\_\_\_

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

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Make and model of vehicle \_\_\_\_\_ License plate - State & no. \_\_\_\_\_

**f** \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Make and model of vehicle \_\_\_\_\_ License plate - State & no. \_\_\_\_\_

Mail your completed form and any required attachments to:



**CENTRAL REGISTRATION DIVISION 3-222  
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