



Schedule REG-1-O Owner and Officer Information

Read this information first - If you are a first time registrant, attach this schedule to Form REG-1.

If your organization is a:

- Proprietorship
- Partnership
- Corporation or S Corp*
*If publicly traded (identify below)
- Trust or estate
- Not-for-profit organization
- Limited liability company
- Governmental unit

then complete Step 2 to identify:

- the owner (if husband/wife or civil union, enter both individuals' information)
- each general partner
- the president, secretary, and treasurer
- the chief operating officer and chief financial officer
- each trustee or executor
- the president, secretary, or treasurer
- each manager and member
- one contact person (for example, the liaison)

Step 1: Identify your business or organization

Business name: _____

FEIN: _____ - _____

If your business is a corporation, are you publicly traded? Yes No

SSN: _____ - _____ - _____
(Proprietorship only)

If "Yes", provide the ticker symbol: _____

Contact for this schedule: _____

Phone: (____) _____ - _____

Step 2: Identify your owners and officers

1 Individuals - For each individual required, complete the following information (including the Social Security number).

a _____
Name Title

_____/_____/_____
Date of birth

_____(____)_____-_____
Phone

_____-_____-_____
Social Security number

Ownership percentage: _____

c _____
Name Title

_____/_____/_____
Date of birth

_____(____)_____-_____
Phone

_____-_____-_____
Social Security number

Ownership percentage: _____

b _____
Name Title

_____/_____/_____
Date of birth

_____(____)_____-_____
Phone

_____-_____-_____
Social Security number

Ownership percentage: _____

d _____
Name Title

_____/_____/_____
Date of birth

_____(____)_____-_____
Phone

_____-_____-_____
Social Security number

Ownership percentage: _____

2 Businesses - For each business that is an owner, complete the following information (including the federal employer identification number (FEIN)).

a _____ - _____
Name FEIN

Legal address

City State ZIP

_____(____)_____-_____
Phone

Ownership percentage: _____

b _____ - _____
Name FEIN

Legal address

City State ZIP

_____(____)_____-_____
Phone

Ownership percentage: _____

Step 3: Remove owners and officers (for current registrants only, *not* new registrants)

Complete the following information (including the Social Security number) if you need to remove an owner or officer from our registration records.

a _____
Name Title

_____/_____/_____
Date of birth

_____(____)_____-_____
Phone

_____-_____-_____
Social Security number

_____/_____/_____
Date ceased as owner/officer

b _____
Name Title

_____/_____/_____
Date of birth

_____(____)_____-_____
Phone

_____-_____-_____
Social Security number

_____/_____/_____
Date ceased as owner/officer

Step 4: Sign here

Under penalties of perjury, I certify I have examined all the information provided for my registration or renewal application and, to the best of my knowledge, it is true, correct, and complete.

Signature: _____

Date: ____/____/____

Printed name: _____

Title: _____

Fax your completed schedule to 217 785-6013 or mail to:

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

**CENTRAL REGISTRATION DIVISION 3-222
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19030
SPRINGFIELD IL 62794-9030**