

 **Illinois Department of Revenue**  
**Schedule REG-1-R Responsible Party Information**

**Read this information first** - First time registrants - Attach this schedule to Form REG-1.

Complete this schedule to identify the person(s) who will be responsible for filing returns and paying taxes due. If you need to identify more, attach a separate sheet using a similar format. You can fax Schedule REG-1-R to us at **217 785-6013**.

**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 the person(s) responsible for filing your business' returns and paying all tax due**

Printed legal name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Legal address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Check all for which you are responsible:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sales and use taxes and fees                    | <input type="checkbox"/> Motor fuel and related taxes | <input type="checkbox"/> Marketplace Facilitator |
| <input type="checkbox"/> Motor vehicle renting tax                       | <input type="checkbox"/> Unemployment insurance       | <input type="checkbox"/> Withholding income tax  |
| <input type="checkbox"/> Excise taxes and fees - Identify tax/fee: _____ | <input type="checkbox"/> Other: _____                 |  |
| <input type="checkbox"/> All taxes and fees                              |   |  |

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 the taxes indicated.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

***If you need to identify another person, complete the following:***

Printed legal name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Legal address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Check all for which you are responsible:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sales and use taxes and fees                    | <input type="checkbox"/> Motor fuel and related taxes | <input type="checkbox"/> Marketplace Facilitator |
| <input type="checkbox"/> Motor vehicle renting tax                       | <input type="checkbox"/> Unemployment insurance       | <input type="checkbox"/> Withholding income tax  |
| <input type="checkbox"/> Excise taxes and fees - Identify tax/fee: _____ | <input type="checkbox"/> Other: _____                 |  |
| <input type="checkbox"/> All taxes and fees                              |   |  |

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 the taxes indicated.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

***If you need to identify another person, complete the following:***

Printed legal name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Legal address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Check all for which you are responsible:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sales and use taxes and fees                    | <input type="checkbox"/> Motor fuel and related taxes | <input type="checkbox"/> Marketplace Facilitator |
| <input type="checkbox"/> Motor vehicle renting tax                       | <input type="checkbox"/> Unemployment insurance       | <input type="checkbox"/> Withholding income tax  |
| <input type="checkbox"/> Excise taxes and fees - Identify tax/fee: _____ | <input type="checkbox"/> Other: _____                 |  |
| <input type="checkbox"/> All taxes and fees                              |   |  |

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 the taxes indicated.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Mail your completed schedule, with any required attachments to:**

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