Illinois Income Verification Questionnaire

Instructions
You must send us this completed questionnaire only if you received a Return Correction Notice requesting it, along with:

- any documentation requested when answering the questions below,
- your federal tax return, Form 1040, U.S. Individual Income Tax Return or 1040-SR, U.S. Tax Return for Seniors, and Schedule 1, Additional Income and Adjustments to Income, and
- your federal Schedule C, Profit or Loss from Business (Sole Proprietorship), or Schedule C-EZ, Net Profit from Business (Sole Proprietorship), along with the documents you used to calculate and support the figures on the schedule.

You must complete all the questions below and provide all the documents requested above for your response to be considered complete. Do not respond to the Department until you are able to provide all the information requested. Incomplete responses will not be processed.

Taxpayer name: ___________________________________  Tax year: ______________________________
Business name: ___________________________   Business phone number: _________________________
Business address: ________________________________________________________________________
Date business began: _____ / _____ /_____        Date business began in Illinois: _____ / _____ / _____
Employer identification number: _______________________   Not Applicable
Business website address: _____________________________   Not Applicable

Provide a brief description of your business - type of work, products sold, services provided, and hours of operation.
_______________________________________________________________________________________
_______________________________________________________________________________________

1. Have you received any Forms 1099-MISC for income you earned?
   □ No   □ Yes   If Yes, attach a copy of each 1099-MISC

2. Does your occupation require a city-, state-, or county-issued professional license, registration, or certification? Examples of occupations that require a professional license issued by the Illinois Department of Financial and Professional Regulation (IDFPR) include: Barber, Cosmetologist, Hair Braider, Home Inspector, Interior Designer, Massage Therapist, Nail Technician, and Security Contractor. For a list of occupations that require a license which is administered by IDFPR, please visit www.idfpr.com/profs/proflist.asp.
   □ No   □ Yes   If Yes, do you have an active license, registration, or certification with that city, state, or county agency?
   □ No   □ Yes   If Yes, attach a copy of your active license, registration, or certification.

3. Did you file Form ST-1, Sales Tax Transaction Return, with the Illinois Department of Revenue during this tax year?
   □ No   □ Yes   If Yes, attach a copy of the return as filed with the Department.

4. Is your business conducted at a non-home-based location?
   □ No   □ Yes   If Yes, attach a copy of your lease agreement and proof of payment.

5. Is your business a Limited Liability Company registered with the Illinois Secretary of State?
   □ No   □ Yes   If Yes, attach a copy of your Certificate of Good Standing.

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6. Which of the following methods do you use to advertise your business? Check all that apply. Attach a copy of the advertisement and proof of payment for each method selected.

☐ Newspaper ☐ Internet/Website ☐ Flyers ☐ Other ____________________ ☐ Not Applicable

7. By law, you are required to keep adequate business records. What type of records do you maintain to verify your business income and expenses? Check all that apply. Attach a copy of each record selected.

☐ Expense receipts ☐ Business bank account(s) ☐ 1099-MISC forms ☐ Business ledger
☐ Sales slips ☐ Credit card statements ☐ Other ______________________________

I state that I have prepared this questionnaire, and to the best of my knowledge, it is true, correct, and complete.

Name _________________________________ Signature _________________________ Date _____ / _____ /_____

Remember, intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.

Mail this completed questionnaire along with any information requested, and a copy of your Return Correction Notice, to the address listed below:

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19084
SPRINGFIELD IL 62794-9084