



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

Type or print clearly, and complete this form in its entirety. 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 was or will be sold or transferred. ____/____/____
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?
 Yes No - If no, provide description of what is being sold.

23 Are the seller's or transferor's registration numbers with the Department (shown on Line 3) to remain active?
 Yes No - Write the date to be discontinued. ____/____/____
Month Day Year

24 Terms of sale or transfer. Write "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

Email or fax your completed **Form CBS-1**; a copy of the **financing agreement** (if requested); and a copy of the **sales contract** that identifies the business, assets, and/or property being sold, the purchase price and how payment is being made, and signatures of the purchaser or transferor and seller or transferee to:

REV.bulksales@illinois.gov

Fax number: **217 785-2635**

**BULK SALES UNIT
ILLINOIS DEPARTMENT OF REVENUE
100 WEST RANDOLPH LEVEL 7-400
CHICAGO IL 60601**