



Illinois Department of Revenue

REG-1 Illinois Business Registration Application

Register faster using **MyTax Illinois**, our online account management program, available on our website at **tax.illinois.gov**. If you have questions, visit our website or call us weekdays between 8:00 a.m. and 4:30 p.m. at **217 785-3707**.

Step 1: Identify your business or organization

1 Federal employer identification number (FEIN)

FEIN: _____ - _____

Proprietorships must provide the Social Security number (SSN) under which taxes will be filed.

SSN: _____ - _____ - _____

2 Legal business name:

3 Doing-business-as (DBA), assumed, or trade name, if different from Line 2:

4 Primary or legal business address:

Street address - **No** PO Box number _____ Apartment or suite number _____

City _____ State _____ ZIP _____

If you have other locations in Illinois from where you do business, complete and attach Schedule REG-1-L.

5 Mailing address if different from the address above:

In-care-of name _____

Street address or PO Box number _____ Apartment or suite number _____

City _____ State _____ ZIP _____

6 Check the organization type that applies to you:

Proprietorship

_____ Check if owned by a married couple or civil union

Partnership

Trust or estate

Corporation*

S Corp (Subchapter S Corporation)*

*Is your corporation publicly traded? ___ Yes ___ No

If yes, provide the ticker symbol _____

Governmental unit

Not-for-profit organization

LLC - Corporation

LLC - Partnership

LLC - Single member

_____ Check if disregarded

7 Illinois Secretary of State identification number:

_____ - _____ - _____

8 Is your business part of a unitary group? ___ Yes ___ No
If "Yes", provide the FEIN of your designated agent (the entity responsible for filing your Illinois income tax return):

FEIN: _____ - _____

9 Identify a contact person regarding your business.

Name: _____ Title: _____

Phone: (_____) _____ - _____ Ext.: _____

FAX: (_____) _____ - _____

Email address: _____

Step 2: Identify your owners and officers - If you need to identify more, attach Schedule REG-1-O.

10 Identification depends on the organization type you selected in Step 1, Line 6 (proprietorship - owner(s); partnership - general partners; non-publicly traded corporation - president, secretary, and treasurer; publicly traded corporation - chief operating officer and chief financial officer; trust or estate - trustee(s) or executor(s); governmental unit - one contact person; not-for-profit organization - president, secretary, or treasurer; limited liability company - managers and members). For each individual or business required, complete the following information.

Individuals: (include Social Security number (SSN))

a _____
Name _____ Title _____

Home address - **No** PO Box number _____ City _____ State _____ ZIP _____

_____/_____/_____
Date of birth _____ (_____) _____ - _____
Phone

_____-_____-_____
Social Security number _____ Ownership percentage: _____

b _____
Name _____ Title _____

Home address - **No** PO Box number _____ City _____ State _____ ZIP _____

_____/_____/_____
Date of birth _____ (_____) _____ - _____
Phone

_____-_____-_____
Social Security number _____ Ownership percentage: _____

c _____
Name _____ Title _____

Home address - **No** PO Box number _____ City _____ State _____ ZIP _____

_____/_____/_____
Date of birth _____ (_____) _____ - _____
Phone

_____-_____-_____
Social Security number _____ Ownership percentage: _____

d _____
Name _____ Title _____

Home address - **No** PO Box number _____ City _____ State _____ ZIP _____

_____/_____/_____
Date of birth _____ (_____) _____ - _____
Phone

_____-_____-_____
Social Security number _____ Ownership percentage: _____

Businesses: (include 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: Tell us about your business activities

11 Describe your business activities: _____

Provide your North American Industry Classification System (NAICS) number: _____

Refer to the website www.naics.com

12 Will you have Illinois employees? ____ Yes ____ No

If yes, complete and attach **Schedule REG-UI-1**.

When was (is) the date of your first payroll in Illinois?

____/____/____

13 Does your supplier collect Illinois sales tax for merchandise your business uses or consumes in Illinois?

____ Yes ____ No

When will (did) these activities begin? ____/____/____

14 Check all that apply to your type of business.

Sales

You must complete and attach Schedule REG-1-L to identify all Illinois locations from which you make retail sales.

General merchandise: ____ Retail ____ Wholesale

Do you estimate your monthly sales tax liability to be over \$200? ____ Yes ____ No

Sales to Illinois customers from out of state
____ Check here if you have an Illinois presence.

Soft drinks (other than fountain soft drinks) in Chicago

Vehicle, watercraft, aircraft, or trailers

Sales or delivery of tires. Do you **always** pay the Tire User Fee to your supplier? ____ Yes ____ No

Sales from vending machines. How many vending machines? ____

Liquor at retail (bar, tavern, liquor store, etc.)

Motor fuel/fuel: ____ Retail ____ Wholesale
____ Check here if you are required to **collect** prepaid sales tax.

Medical cannabis - **Attach Schedule REG-1-MC**.
____ Cultivation Center ____ Dispensing Organization

When will (did) these activities begin? ____/____/____

Services

Do you transfer items, on which tax must be collected, as part of your service? ____ Yes ____ No

When will (did) this activity begin? ____/____/____

Cigarettes and other tobacco products

Cigarettes - See **Schedule REG-1-C** before you check here.

Tobacco products - See **Schedule REG-1-C** before you check here.

Cigarette machine operator - See **Schedule REG-1-C** before you check here.

When will (did) these activities begin? ____/____/____

Renting or leasing

Hotel rooms for less than 30 days - **Attach Schedule REG-1-L**.
Do you charge for telecommunication services?

____ Yes ____ No

Vehicles for one year or less - **Attach Schedule REG-1-L**.

Vehicles for more than one year

When will (did) these activities begin? ____/____/____

Utility providers

Electricity: ____ Retail ____ Wholesale

Natural gas: ____ Retail ____ Wholesale

Telecommunications - See **Schedule REG-1-T**.
____ Retail ____ Wholesale

Water or sewer services

Are you a utility cooperative? ____ Yes ____ No

Are you a municipality? ____ Yes ____ No

When will (did) these activities begin? ____/____/____

All other tax types

Liquor warehousing - **Attach Schedule REG-1-A**.

Dry cleaning: ____ Facility ____ Solvent supplier

Own/operate coin-operated amusement devices

You wish to purchase electricity for non-residential use and pay the tax to IDOR - **Attach Schedule REG-1-D**.

You wish to purchase natural gas from outside of Illinois for your own use and pay the tax to IDOR - **Attach Schedule REG-1-G**.

Not listed. Identify: _____

When will (did) these activities begin? ____/____/____

Step 4: Sign below

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 all taxes due **unless** Schedule REG-1-R, Responsible Party Information, is attached to this application or forwarded to the department. Check here if you are attaching or forwarding Schedule REG-1-R:

Signature: _____

Title: _____ Date: ____/____/____

Printed name: _____

SSN: _____ - _____ - _____

Address: _____

Phone: (____) _____ - _____

Mail your completed form, with any required attachments and payment to:

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

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