

Step 3: Tell us about your business activities

11 Describe your business activities: _____

12 Will you have employees? Yes No
Tell us when your Illinois payroll will begin: ____/____/____

13 Check all that apply to your type of business.

Sales:

General merchandise: Retail Wholesale

Sales to Illinois customers from out-of-state

^ Check here if you have an Illinois presence.

Soft drinks in sealed containers

Vehicle, watercraft, aircraft, or trailer

From vending machines

Tell us how many machines: _____

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

Cigarettes: Retail Wholesale

Tobacco products: Retail Wholesale

Motor fuel/fuel: Retail Wholesale

Services: See Publication 133.

Do you transfer items as part of your service?

Yes No

Use: If you purchase merchandise for your use in Illinois, does your supplier collect the Illinois sales tax?

Yes No

Renting or leasing:

Hotel

Vehicles. Check the terms of your agreements (both may apply):

Longer than 12 months 12 months or less

Utilities - Check your utility and type of sales and services:

Electricity: Retail Resale

Natural gas: Retail Resale

Telecommunications: Retail Resale

Water or sewer services

Are you a utility cooperative? Yes No

Are you a municipality? Yes No

Other:

Liquor warehousing - Attach Schedule REG-1-L.

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

Dry cleaning solvents

Coin-operated amusement devices

Purchase electricity for non-residential use and want to pay the tax to IDOR.

Purchase natural gas from out-of-state for my own use and want to pay the tax to IDOR. Identify your delivering supplier(s):

Not listed. Identify: _____

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

Step 4: Check any schedule attached (not all applicants are required to complete schedules)

^ Schedule REG-1-L

^ Schedule REG-1-O

^ Other information

Step 5: 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: _____

Telephone: (____) _____ - _____

Step 6: Mail your application

Mail your completed application and attachments (if applicable) to us at



CENTRAL REGISTRATION DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19476
SPRINGFIELD IL 62794-9476

This form is authorized by 20 ILCS 687/6-1 et seq.; 35 ILCS 5/1 et seq.; 105/1 et seq.; 110/1 et seq.; 115/1 et seq.; 120/1 et seq.; 130/1 et seq.; 135/1 et seq.; 143/10-1 et seq.; 155/1 et seq.; 415/1 et seq.; 505/1 et seq.; 510/1 et seq.; 615/1 et seq.; 620/1 et seq.; 625/1 et seq.; 630/1 et seq.; 635/1 et seq.; 640/2-1 et seq.; 230 ILCS 20/1 et seq.; 25/1 et seq.; 30/1 et seq.; 235 ILCS 5/1-1 et seq.; 305 ILCS 20/5 et seq.; 415 ILCS 125/30/1 et seq.; Disclosure of this information may be REQUIRED. Failure to provide information could result in this form not being processed and possible penalties. This form has been approved by the Forms Management Center. IL-492-0001