



Illinois Department of Revenue
Schedule REG-1-R
 Attach to Form REG-1.

Responsible Party Information

Business name: _____ FEIN: _____ - _____
 Contact for this schedule: _____ SSN: _____ - _____
(Proprietorship only)
 Phone: (____) _____ - _____

Read this information first.

Complete this schedule and attach it to Form REG-1, Illinois Business Registration Application, if you need 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.

Step 1: 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"/> Excise taxes and fees | <input type="checkbox"/> All taxes and fees |
| <input type="checkbox"/> Motor vehicle renting tax | <input type="checkbox"/> Motor fuels and related taxes | |
| <input type="checkbox"/> Withholding income tax | <input type="checkbox"/> Other: _____ | |

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"/> Excise taxes and fees | <input type="checkbox"/> All taxes and fees |
| <input type="checkbox"/> Motor vehicle renting tax | <input type="checkbox"/> Motor fuels and related taxes | |
| <input type="checkbox"/> Withholding income tax | <input type="checkbox"/> Other: _____ | |

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"/> Excise taxes and fees | <input type="checkbox"/> All taxes and fees |
| <input type="checkbox"/> Motor vehicle renting tax | <input type="checkbox"/> Motor fuels and related taxes | |
| <input type="checkbox"/> Withholding income tax | <input type="checkbox"/> Other: _____ | |

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: __/__/____