

Illinois Department of Revenue
REG-1 Illinois Business Registration Application

Register faster using **MyTax Illinois** available at **mytax.illinois.gov**. If you have questions, visit our website at **tax.illinois.gov**, email us at **REV.CRD@Illinois.gov**, 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 - S Corporation

☐ LLC - Single member

_____ Check if your organization type is 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

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

b Name Title

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

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

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

c Name Title

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

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

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

d Name Title

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

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

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

Businesses: (include federal employer identification number (FEIN))

a Name FEIN

Legal address

City State ZIP

(____) _____ - _____ Ownership percentage: _____
Phone

b Name FEIN

Legal address

City State ZIP

(____) _____ - _____ Ownership percentage: _____
Phone



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 Check all that apply to your type of business.

Sales and Use Tax (including service occupation and use tax)

You must complete and attach Schedule REG-1-L to identify all Illinois locations from which you must collect the local sales tax rate.

☐ Merchandise - Sales, including leases or rentals, of tangible personal property (TPP):
____ Retail ____ Wholesale

☐ **Services** - Do you transfer, including by lease or rental, TPP items, on which tax must be collected, as part of your sales of service?
____ Yes ____ No

Note: Refer to the [Out-of-State Sales Resource Page](#) for guidance on registering for Retailers' Occupation Tax and Service Occupation Tax.

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

☐ Sales to Illinois customers from out-of-State

____ Check if you have an Illinois presence, including, but not limited to having an office or other facility in Illinois or having employees or other representatives operating in Illinois.

____ Check if you have inventory in Illinois or if your Illinois presence is due to inventory within the state. **Attach Schedule REG-1-L.**

____ Check if you make \$100,000 or more in annual sales from your own sales to Illinois purchasers.

Are you registering as an out-of-State remote retailer? ____ Yes ____ No

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

☐ Marketplace facilitator - **Attach Schedule REG-1-MKP.**

☐ 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 - **Attach Form REG-8-A**
____ Check here if you are required to collect prepaid sales tax.

☐ Sales of Motor Fuel in a county that imposes County Motor Fuel Tax

☐ Sales of Motor Fuel in a municipality that imposes Municipal Motor Fuel Tax

☐ Aviation fuel: ____ Retail ____ Wholesale- **Attach Form REG-8-A**

☐ Medical cannabis - **Attach Schedule REG-1-MC.**

____ Cultivation Center ____ Dispensing Organization

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

Purchaser (Self-assessed Use Tax)

Does your supplier collect Illinois Sales Tax for merchandise your business uses or consumes in Illinois? ____ Yes ____ No

Does your supplier collect Illinois Sales Tax on sales of **aviation fuel** your business uses or consumes in Illinois? ____ Yes ____ No

When will (did) these activities 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.**

Are you registering as a re-renter of hotel rooms? ____ Yes ____ No

Note: Re-renters who do not meet the definition of hotel marketplace facilitators must have physical presence in this State or \$100,000 in annual gross receipts to register and remit hotel operators' occupation tax. For more information, see [FY 2026-33, Hotel Operators' Occupation Tax Changes, Effective July 1, 2026](#).

☐ Hotel marketplace facilitator

Do you, pursuant to agreements with unrelated third-party marketplace hotel operators, directly or indirectly through one or more affiliates, facilitate the renting, leasing, or letting of rooms through your marketplace? This may include re-renters of hotel rooms and hosting platforms for short-term rentals. ____ Yes ____ No

Do you have \$100,000 or more in cumulative gross receipts from rentals in Illinois through your marketplace? ____ Yes ____ No
Marketplace URL: _____

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 Service Providers

☐ Electricity: ____ Retail ____ Wholesale

☐ Natural gas: ____ Retail ____ Wholesale

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

☐ Water or sewer services

Do you choose to voluntarily collect the Water and Sewer Assistance

Charge for: ____ Water ____ Sewer

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**

