



**CITY OF CHICAGO DEPARTMENT OF FINANCE
TAX COMPLIANCE DIVISION
2 N. LA SALLE STREET, SUITE 1310
CHICAGO, ILLINOIS 60602**

TAXPAYER INFORMATION FORM

[A] GENERAL INFORMATION

1. Legal Name(s) _____
2. Legal Entity Type (corporation, partnership, sole proprietorship, LP, LLC, non-for-profit corporation, individual, trust) _____
3. Business Name(s) or Doing Business As (DBA)

4. Business Address(es) _____

Street Address
City, State, & Zip Code
5. Number of Years at the Above Address _____
6. Primary Contact Person _____
7. Business Phone(s) _____
8. Email Address _____
9. Number of Business Sites in Illinois _____
10. List All Business Sites in Chicago (use additional pages if necessary)

Street Address	City, State & Zip Code	# of years at site
Street Address	City, State & Zip Code	# of years at site
Street Address	City, State & Zip Code	# of years at site
Street Address	City, State & Zip Code	# of years at site
Street Address	City, State & Zip Code	# of years at site

11. Federal Employer Identification Number (F.E.I.N.) _____

12. IBT Number _____

13. If Corporation or LLC, incorporated in the State of _____ on

12a. Names of Officer(s), Director(s), and Registered Agent

NAME/TITLE

HOME ADDRESS

PHONE #

14. State of Illinois Exemption Number, if applicable _____

13a. Expiration Date for your State of Illinois Exemption Number, if applicable _____

15. Business Start Date _____

16. Describe IN DETAIL the nature of your business. Please mention all product or service lines offered by your business _____

[B] OWNERSHIP INFORMATION

(1) FOR PERSONS NOT LEGAL ENTITIES (attach additional pages if necessary)

Name _____
 First Middle Last Suffix

Title _____ Ownership % _____

Date of Birth _____

Residential Phone # _____ Fax # _____

Residential Address _____
 Street Address City, State & Zip Code

Name _____
 First Middle Last Suffix

Title _____ Ownership % _____

Date of Birth _____

Residential Phone # _____ Fax # _____

Residential Address _____
 Street Address City, State & Zip Code

Name _____
 First Middle Last Suffix

Title _____ Ownership % _____

Date of Birth _____

Residential Phone # _____ Fax # _____

Residential Address _____
 Street Address City, State & Zip Code

Name _____
 First Middle Last Suffix

Title _____ Ownership % _____

Date of Birth _____

Residential Phone # _____ Fax # _____

Residential Address _____
 Street Address City, State & Zip Code

(2) FOR LEGAL ENTITIES (attach additional pages if necessary)

Legal Entity Type _____
(Corporation, Non-for-Profit Club, Partnership, LP, or LLC)

Legal Name _____

FEIN _____ IBT _____

Incorporated State _____ Incorporated Date _____

Phone # _____ Fax # _____

Ownership % _____

Address _____
Street Address City, State & Zip Code

Legal Entity Type _____
(Corporation, Non-for-Profit Club, Partnership, LP, or LLC)

Legal Name _____

FEIN _____ IBT _____

Incorporated State _____ Incorporated Date _____

Phone # _____ Fax # _____

Ownership % _____

Address _____
Street Address City, State & Zip Code

Legal Entity Type _____
(Corporation, Non-for-Profit Club, Partnership, LP, or LLC)

Legal Name _____

FEIN _____ IBT _____

Incorporated State _____ Incorporated Date _____

Phone # _____ Fax # _____

Ownership % _____

Address _____
Street Address City, State & Zip Code

[C] TYPE OF BUSINESS

1. Is this business currently registered with the City of Chicago Department of Finance to pay **ANY** City taxes? Yes No
 If yes, for what City taxes are you registered? _____

2. Name(s) of person(s) responsible for the preparation, review and attestation of information contained on your City Tax returns.

NAME **TITLE** **HOME ADDRESS**

_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List all banks to which you deposit business receipts. Use additional pages if necessary.

INSTITUTION **ACCOUNT TYPE** **DATE OPENED**

_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Are there any judgments of record against the business, the corporate officers, general partners, or the sole proprietor? Yes No If yes, give amounts, courts where judgments were rendered and the name(s) of the judgment creditors(s):

DATE **AMOUNT** **COURT** **CREDITOR**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Is merchandise rented or leased as a lessee Yes No
 as a lessor Yes No

5a. List examples of items _____

5b. List Lessors _____

5c. Do your lessors collect Chicago Transaction Tax from you? Yes No

6. Total current number of employees whether compensated or not _____

7. Annual purchases of nontitled personal property for use in Chicago from vendors located outside the City? \$_____

8. If the business premises are rented, answer 8a. If the business premises are owned, go to 8b.

8a. _____
 Landlord's Name Street Address City, State & Zip Code

 Landlord's Name Street Address City, State & Zip Code

8b. _____
 Title Holder of Record Mortgage Holder Monthly Mortgage Payment

9. Does the business hold any licenses granted by the City, County, State or Federal Government? Yes No If yes, list the following:

TYPE **LICENSOR** **DATE ISSUED** **RENEWAL DATE** **LICENSE#**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10a. Does this business own, partially or completely, one or more other businesses? Yes No

10b. Is this business owned, partially or completely, by one or more other businesses? Yes No

10c. If you answered yes to 10a, 10b, or both, complete part [A] of this form for each business.

11. Has this business been a party to a merger, acquisition, or bulk sale in the last six years?

Yes No

If yes, please describe the transaction, identify all the parties, and list each party's F.E.I.N.

I, the authorized representative of this taxpayer, do hereby attest that the foregoing information is true and correct, and that anytime when there is a change in this factual information, in whole or in part, I will report it to the City of Chicago Department of Finance so that information within this document will remain current.

Authorized Representative

Title

Date

Print Name

Print Title

Completed form should be mailed to:

**CHICAGO DEPARTMENT OF FINANCE
TAX COMPLIANCE DIVISION
2 N. LA SALLE STREET, SUITE 1310
CHICAGO, ILLINOIS 60602**