



CITY OF ROCKFORD, ILLINOIS
425 EAST STATE STREET
61104

Local Tax Business Information

Legal Name of Business: _____

Business Name: _____

Business Address: _____

Business Phone No. () _____ - _____

Owner's Name: * _____

Owner's Address: _____

Owner's Phone No. () _____ - _____

* If there is more than one owner of the business, then the names of all of the owners should be listed along with their respective addresses and phone numbers. Use a separate piece of paper if necessary and return with this form.

Accounting Firm Name: _____

Please list on the lines below where you would like the tax forms sent to:

Name: _____

Address: _____

City, State, Zip _____

State Sales Tax Number: _____

Date Business Opened: _____

Tax Type: _____ **Food/Beverage** _____ **Package Liquor** _____ **Hotel/Motel**

The information on this form is confidential business information and will be used only for official use in administering local tax collection. Thank you for your time and effort.

Phone (815) 987-5619
or (815) 967-6931

Fax (815) 987-5562
www.cityofrockford.net