

**Local Sales Tax Business Registration and Notice of Changes Form**

Information provided is required for administration of local taxes and considered confidential. It will not be shared with any other party without express written consent of the business or as otherwise required by law. Failure to provide information requested may result in this form not being processed and penalties assessed.

**Indicate the purpose for this form (check all reasons) and complete all sections that apply:**

- |                                                                  |                                                         |                          |
|------------------------------------------------------------------|---------------------------------------------------------|--------------------------|
| <input type="checkbox"/> Establishing a new business             | <input type="checkbox"/> Updating existing information: | <input type="checkbox"/> |
| <input type="checkbox"/> Purchasing an existing business         | Address                                                 | <input type="checkbox"/> |
| <input type="checkbox"/> Selling or closing an existing business | Contact                                                 | <input type="checkbox"/> |
| <input type="checkbox"/> Other (explain) _____                   |                                                         |                          |

\*\*\*\*\*

**Business Information**

City-Issued Business ID Number (5 digits): \_\_\_\_\_ (If known, otherwise leave blank)

Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Location (physical address where business is located):

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_ @ \_\_\_\_\_

Is this a Not-For-Profit entity? (Describe): \_\_\_\_\_

State IBTN: \_\_\_\_\_

Date Business Opened **Under Your Ownership:** \_\_\_\_\_

**Sales Type Information for your business (check all that apply)**

- ☐ Food & Beverage.....(check here if this includes alcoholic beverages ➡..... ☐ )
- ☐ Packaged Liquor
- ☐ Hotel/Motel
- ☐ Tobacco Products (*not currently subject to local sales taxes but you must indicate if you sell such products*)

**Other businesses under your ownership having sales activity within the City of Rockford:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\*\*\*\*\*

**(form continued on next page>)**

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**Owner Information\***

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ e-mail: \_\_\_\_\_@\_\_\_\_\_

*\*If there is more than one owner of the business, list all of the owners along with their respective addresses, phone numbers and e-mail on a separate piece of paper and attach to this form.*

**Other**

Date Business ☐ **Closed** or ☐ **Changed Ownership**: \_\_\_\_\_

New Owner Information (if applicable):

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ e-mail: \_\_\_\_\_@\_\_\_\_\_

**Contact Information** - send all correspondence regarding City of Rockford sales tax information to (check only one):

☐ Business address listed above.  
☐ Owner address listed above.  
☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ e-mail: \_\_\_\_\_@\_\_\_\_\_

Return completed form to: **City of Rockford** OR e-mail to: [metrotax@rockfordil.gov](mailto:metrotax@rockfordil.gov)  
**Local Tax Collection Section**  
**425 East State Street**  
**Rockford, Illinois 61104-1068**

*Under penalties provided by Law, 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.*

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional) City of Rockford 425 East State Street Rockford, Illinois 61104-1068
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									
				-					

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*