



Register faster on-line at tax.illinois.gov. If you are already registered and need to make changes (e.g., adding a location, changing officer information), call us weekdays between 8 a.m. and 5 p.m. at **217 785-3707**.

Step 1: Identify your business or organization

1 Federal employer identification number (FEIN)
 FEIN: 45-2633041
 Proprietorships must provide the Social Security number (SSN) under which taxes will be filed.
 SSN: _____

2 Legal business name:
KIM SCODRO INTERIORS LLC

3 Doing-business-as (DBA), assumed, or trade name, if different from Line 2:

4 Primary or legal business address:
1120 N. LAKE SHORE DRIVE APT 14
Street address - No PO Box number Apartment or suite number
CHICAGO IL 60611
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 husband and wife or civil union
 Partnership Trust or estate
 Corporation* S Corp (Subchapter S Corporation)*
 * Requires President, Secretary, and Treasurer/Comptroller to be identified in Step 2.
 Governmental unit Not-for-profit organization
 LLC - Corporation LLC - Partnership
 LLC - Single member
 _____ Check if 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: KIM SCODRO Title: _____
 Phone: 312-925-8023 Ext.: _____
 FAX: _____
 Email address: kim@kimscodro.com

Step 3: Tell us about your business activities

11 Describe your business activities: Furniture

Provide your North American Industry Classification System (NAICS) number: _____
Refer to the website www.naics.com.

12 Will you have Illinois employees? ___ Yes ___ No
When will (did) your Illinois payroll begin: _____

13 Does your supplier collect Illinois sales tax for merchandise your business uses or consumes in Illinois?
___ Yes ___ No
When will (did) these activities begin? _____

14 Check all that apply to your type of business.

Sales

You must complete and attach Schedule REG-1-L to identify all Illinois locations from which you make retail sales.

General merchandise: Retail ___ Wholesale
Do you estimate your monthly sales tax liability to be over \$200? ___ Yes No

Sales to Illinois customers from out of state
___ Check here if you have an Illinois presence.

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
___ Check here if you are required to **collect** prepaid sales tax.

When will (did) these activities begin? 4/20/2013

Services

Do you transfer items, on which tax must be collected, as part of your service? ___ Yes ___ No

When will (did) this activity 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

You must complete and attach Schedule REG-1-L to identify all Illinois locations from which you rent or lease.

Hotel rooms for less than 30 days
Do you charge for telecommunication services? ___ Yes ___ No

Vehicles for one year or less

When will (did) these activities begin? _____

Utility providers

Electricity: ___ Retail ___ Wholesale

Natural gas: ___ Retail ___ Wholesale

Telecommunications - See **Schedule REG-1-T**.
___ Retail ___ Wholesale

Water or sewer services

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: Check any schedule attached (not all applicants are required to complete additional schedules)

Schedule REG-1-L

Schedule REG-1-T

Schedule REG-1-D

Schedule REG-1-O

Schedule REG-1-C

Schedule REG-1-G

Schedule REG-1-R

Schedule REG-1-A

Schedule REG-1-MR

Step 5: 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: KIM SCODRO

Title: _____

Date: 04/18/2013

Address: 1120 N LAKE SHORE DRIVE

SSN: 333-60-3625

CHICAGO IL 60611

Phone: _____



Illinois Department of Revenue
Schedule REG-1-O Owner and Officer Information

Mail your completed Schedule REG-1-O to:
 Central Registration Division, Illinois Department of Revenue, PO Box 19476, Springfield, IL 62794-9476

Read this information first - First time registrants - Attach this schedule to Form REG-1.

If your organization is a:

- Proprietorship
- Partnership
- Corporation or S Corp
- Trust or estate
- Not-for-profit organization
- Limited liability company
- Governmental unit

then complete Step 2 to identify:

- the owner (if husband/wife or civil union, enter both individuals' information)
- each general partner
- the president, secretary, and treasurer
- each trustee or executor
- the president, secretary, or treasurer
- each manager and member
- one contact person (for example, the liaison)

Step 1: Identify your business or organization

Business name: KIM SCODRO INTERIORS LLC

FEIN: 45-2633041

Contact information for person completing this schedule:

SSN: _____
(Proprietorship only)

Name: KIM SCODRO

Phone: 312-925-8023

Individuals:

<u>SCODRO, KIM</u>	<u>LLC Member</u>
<small>Name</small>	<small>Title</small>
<u>1120 N LAKE SHORE DICHICAGO</u>	<u>IL 60611</u>
<small>Home address - No PO Box number</small>	<small>City State ZIP</small>
<u>01/24/1962</u>	_____
<small>Date of birth</small>	<small>Phone</small>
<u>333-60-3625</u>	<u>Ownership percentage: 0</u>
<small>Social Security number</small>	



Illinois Department of Revenue

Schedule REG-1-L Illinois Business Site Location Information

Attach to Form REG-1.

Business name: KIM SCODRO INTERIORS LLC FEIN: 45-2633041

Contact for this schedule: KIM SCODRO SSN: (Proprietorship only)

Phone: 312-925-8023

Read this information first.

Complete Schedule REG-1-L, to identify all Illinois locations from which you will make retail sales, rent/lease vehicles, and/or rent or lease hotel rooms to the public for periods of less than 30 days.

- Permanent - Examples include a building, warehouse, or storefront. To identify these, complete Step 1.
Changing - A changing location is one that constantly changes (i.e., door-to-door sales, home party sales). If you have changing locations, complete Step 2. You must identify sales from a vending machine as a changing location.
Temporary - Examples include a fair, festival, or convention. To identify temporary locations, complete Step 3. Special events or seasonal sales should also complete Step 3.

To identify more locations, attach a sheet using a similar format. If you have previously registered and need to add a location, call us at 217 785-3707.

Step 1: Identify each permanent location.

DBA name: KIM SCODRO INTERIORS LLC

Address: 1120 N LAKE SHORE DR Street address - No PO Box numbers Apt. or suite no.

CHICAGO IL 60611 City State ZIP

County: Cook If located within Madison or

St. Clair county, tell us your township:

Contact: Phone: (312)925-8023

Starting date for this location: 4/20/2013

Check all of your activities at this location:

- [X] Retail sales
[] Vehicles: [] Sales [] Renting/leasing
Check if your rental/lease agreements are for more than 12 months: []
[] Hotel room rental to the public for periods less than 30 days.
Do you charge for telecommunication services? ___yes ___no
[] Other:



Illinois Department of Revenue
Schedule REG-1-R

Responsible Party Information

Attach to Form REG-1 or fax to us at 217 785-6013.

Business name: KIM SCODRO INTERIORS LLC FEIN: 45-2633041
Contact for this schedule: KIM SCODRO SSN: _____
(Proprietorship only)
Phone: 312-925-8023

Read this information first.

Complete this schedule and attach it to Form REG-1, Illinois Business Registration Application, 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: KIM SCODRO SSN: 333-60-3625
Legal address: 1120 N LAKE CHICAGO IL 60611 Phone: (312)925-8023
SHORE DRIVE

Check all for which you are responsible:

- Sales and use taxes and fees
- Motor fuel and related taxes
- All taxes and fees
- Motor vehicle renting tax
- Excise taxes and fees- Identify tax/fee: _____
- Withholding income tax
- 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: SCODRO, KIM Title: _____ Date: 04/18/2013