



Illinois Department of Revenue

ITR-1 Request for Tax Clearance

Read this information first

- Form ITR-1 will not be processed until all returns are filed and balances paid... Allow at least 10 business days for processing of Form ITR-1... If you are selling or have sold your business assets, do not complete Form ITR-1... If you need assistance in completing Form ITR-1, you can contact us at 1 800 732-8866 or at the address listed below.

Step 1: Identify yourself or your business

1 Name: _____ 9 Date business started in Illinois: ___/___/___
2 Doing business as (DBA): _____ 10 Do you make retail sales in Illinois? [] yes [] no
3 Street address: _____ 11 Do you maintain an office in Illinois? [] yes [] no
City, state, ZIP: _____ 12 Do you have employees in Illinois? [] yes [] no
4 Telephone (include area code): (____)____-____ 13 If this tax clearance is to be sent to a third party, provide the following:
5 Federal Employer Identification number (FEIN): -____-____-____ Name: _____
6 Illinois Business Tax number (IBT no.): -____-____-____ In-care-of name: _____
7 Social Security number: _____-____-____ Address: _____
8 Excise Tax License number: _____ City, state, ZIP: _____

Step 2: Check the taxes for which you are requesting tax clearance

a [] Business income tax e [] Retailer's occupation tax (including sales and use taxes)
b [] Withholding income tax f [] Hotel/motel tax
c [] Individual income tax g [] Automobile renting tax
d [] Excise tax. Specify taxtype(s): _____

Step 3: Check the reason you are requesting tax clearance

[] Real estate transaction
[] Bank closing
[] Required by a state other than Illinois
[] Other. Please explain: _____

Step 4: Sign below

An owner or officer of the business requesting the tax clearance must complete this step. Signature stamps are not acceptable. Note: If you have been appointed as power of attorney for the taxpayer requesting this tax clearance, you must attach a copy of your power of attorney that specifically states your authorization in tax related situations. See Form IL-2848, Power of Attorney.

Signature _____ Title: _____
Month / Day / Year Title (i.e., president, owner, partner, individual)

Step 5: Send your request



ILLINOIS DEPARTMENT OF REVENUE
PROBLEMS RESOLUTION,(3-515)
PO BOX 19014
SPRINGFIELD IL 62794-9014

Fax: 217 785-2643

Official Use Only

This is your approved tax clearance approved for the taxes identified in Step 2, boxes _____, per your request. Note: This tax clearance does not preclude assessment for any liability for pending, current, or future taxes or liabilities that may be established by present or future audits conducted by the department.

Clerk ID: _____ Signature: _____
Month / Day / Year

This form is authorized as outlined by the Retailers' Occupation Tax Act and Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in the denial of your request. This form has been approved by the Forms Management Center. IL-492-2867

