

**Taxpayer Notification**  
**Business Authorization**



\_\_\_\_\_  
#XXXXXXX  
#XXXX X XXX XXXX XXXX#  
\_\_\_\_\_  
COMPANY NAME & ADDRESS

DATE



Letter ID: XXXXXXXXXXXXXXXXXXXX

License No: X-XXXXX  
Account ID: XXXXXXXX

**We have enclosed your License.**

***Welcome!***

We have enclosed your Illinois Business Authorization. Please verify that all of the information on the attached Business Authorization is correct. If any corrections are needed you must contact us immediately at the telephone number listed below.

If all of the information is correct, your authorization must be visibly displayed at the address listed.

***Do not discard the attached Illinois Business Authorization unless the information displayed is incorrect or until it expires.*** Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

If you wish to be registered for any other taxes or fees, you must complete a new application. For questions, visit our website at [tax.illinois.gov](http://tax.illinois.gov) or call us weekdays between 8:00 a.m. and 4:30 p.m. at the telephone number below.

**CENTRAL REGISTRATION DIVISION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19030  
SPRINGFIELD IL 62794-9030**

**217 785-3707**

**Verify that all of your Illinois Business Authorization information is correct.**

If not, contact us immediately.

If all of the information is correct, cut along the dotted line (fits a standard 5" x 7" frame). Your authorization must be visibly displayed at the address listed. **Do not discard the attached Illinois Business Authorization unless the information displayed is incorrect or until it expires.** Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

**SAMPLE**

OFFICIAL DOCUMENT

State of Illinois - Department of Revenue

**Illinois Business Authorization**

COMPANY NAME

COMPANY ADDRESS

**License**

Telecommunications Excise Tax

(X-XXXXX)

ILLINOIS REVENUE

*[Signature]*  
Director

Issued Date: MM-DD-YYYY

OFFICIAL DOCUMENT