



COOK COUNTY DEPARTMENT OF REVENUE RESPONSIBLE PARTY INFORMATION SCHEDULE VDPR -1

NOTE: Complete this schedule and attach to the Voluntary Disclosure Program, Tax Registration Application, to identify the person(s) who will be responsible for filing returns and paying tax due (attach additional schedules as needed).

Business Name _____ FEIN _____

Contact for this schedule _____ Phone _____

Identify the additional persons responsible for filing your business' returns and paying all the tax due for business named above for which the Voluntary Disclosure Program Tax Registration Form was completed.

1. Printed Legal Name _____ SSN _____

Legal Address _____ Phone _____

(Please check applicable tax type) Alcoholic Beverages Amusement Gasoline Diesel Fuel
 Parking Garage Sales of New Motor Vehicles Use (Titled Property) OTP Hotel
 Firearms/Ammunition Sweetened Beverage

Under penalty 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 state that I will be responsible for filing returns and paying the taxes indicated.

Signature _____ Title _____ Date _____

2. Printed Legal Name _____ SSN _____

Legal Address _____ Phone _____

(Please check applicable tax type) Alcoholic Beverages Amusement Gasoline Diesel Fuel
 Parking Garage Sales of New Motor Vehicles Use (Titled Property) OTP Hotel
 Firearms/Ammunition Sweetened Beverage

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Signature _____ Title _____ Date _____

3. Printed Legal Name _____ SSN _____

Legal Address _____ Phone _____

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