

**CBS-1 Notice of Sale, Purchase, or Transfer of Business Assets****General information**

You (or the purchaser or the transferee) must complete Form CBS-1 if, outside your usual course of business, you sell or transfer the major part of the

- stock of goods that you are in the business of selling,
- furniture or fixtures,
- machinery and equipment, or
- real property of your business.

Forms received more than 10 days after the sale date will not be processed. The purchaser or transferee may be held liable for any debt incurred by the seller.

If you need additional information, you may call our Chicago office weekdays between 8:30 a.m. and 5:00 p.m. at **312 814-3063**.

Mail your completed Form CBS-1, a copy of the sales contract, and financing agreement to:

**BULK SALES UNIT  
ILLINOIS DEPARTMENT OF REVENUE  
100 WEST RANDOLPH LEVEL 7-400  
CHICAGO IL 60601**

You may fax your form and sales contract to us at 312 793-3841.

**Part 1: Identify the business being sold or transferred and the identification numbers**

<b>1</b> _____ Business name	<b>3</b> _____ Illinois business tax number (IBT no.) or account identification number
<b>2</b> _____ Street address	<b>4</b> _____ - _____ Federal employer identification number (FEIN) Seq. number
_____ Street address (if needed)	<b>5</b> _____ - _____ - _____ Social Security number
_____ City	<b>6</b> Are you required to pay any excise taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ State	Excise tax number _____
_____ ZIP	

**Part 2: Identify the seller or transferor**

<b>7</b> _____ Name	<b>9</b> ( ) — Daytime phone number
<b>8</b> _____ Home or mailing address	<b>10</b> ( ) — Name of seller's or transferor's attorney Daytime phone number
_____ City	<b>11</b> _____ Address of attorney
_____ State	
_____ ZIP	

**Part 3: Identify the purchaser or transferee**

<b>12</b> _____ Name	<b>14</b> _____ Purchaser's or transferee's IBT no. and FEIN ( ) —
<b>13</b> _____ Home or mailing address	<b>15</b> _____ Name of purchaser's or transferee's attorney Daytime phone number
_____ City	<b>16</b> _____ Address of attorney
_____ State	
_____ ZIP	

**Part 4: Describe the terms of sale or transfer**

<b>17</b> Date business was or will be sold or transferred. ____/____/____ Month Day Year	<b>21</b> Terms of sale or transfer. Write "X" in the appropriate box, and provide additional information as requested. <input type="checkbox"/> Cash sale <input type="checkbox"/> Contract sale. Complete the following information: • Down payment amount: \$ _____ • Monthly payment amount: \$ _____ • Date last payment is due ____/____/____ Month Day Year
<b>18</b> Selling price of the business or the value of the business assets transferred: \$ _____	<input type="checkbox"/> Conventional financing
<b>19</b> Was the entire business sold or transferred? <input type="checkbox"/> Yes <input type="checkbox"/> No - You must complete Line 20.	<input type="checkbox"/> Other (Specify.): _____ _____ _____
<b>20</b> Are the seller's or transferee's registration numbers with the department to remain active? <input type="checkbox"/> Yes <input type="checkbox"/> No - Write the date to be discontinued. ____/____/____ Month Day Year	

**Part 5: Sign below. This must be completed by the person submitting this Form.**

<b>22</b> _____ Print or type your name	( ) — Daytime phone number	<b>24</b> _____ Signature	_____ Date
<b>23</b> _____ Mailing address of person			