

 **Illinois Department of Revenue**
ST-49 Application for Expanded Temporary Storage Permit

General information

This permit is available for businesses that engage in centralized purchasing in Illinois. Centralized purchasing is an activity where a business with an Illinois location purchases tangible personal property from Illinois retailers for temporary storage in Illinois but ships the property out of Illinois for use or consumption solely outside the state.

This permit allows you to purchase tangible personal property tax-free from Illinois retailers provided that you purchase the property as part of your centralized purchasing activities.

The exemption also applies to property that will be processed, fabricated, or manufactured into, attached to, or incorporated into other property that is transported outside the state of Illinois solely for use or consumption outside this state.

The exemption does not apply to property that you purchase to be used or consumed in Illinois. Illinois tax is due at the time of these purchases. If you purchase property tax-free under this exemption and subsequently use or consume the property in Illinois, you are required to report the tax due on the purchase at the sales tax rate applicable at the location of the supplier where you purchased the property.

Line-by line instructions for completing this application are on the back of this page.

What if I have questions?

If you have questions, call our Springfield office weekdays between 8:00 a.m. and 4:30 p.m. at 217 785-2825.

Part 1: Applicant information

1 _____
Legal name of business

2 _____
Doing business as (DBA) name if other than the name on Line 1

3 _____
Business address (number and street)

City State ZIP

4 _____
Mailing address (if different from business address)

City State ZIP

5 _____ - _____
Federal employer identification number (FEIN)

6 _____ - _____
Illinois business tax (IBT) number

7 _____ (_____) _____
Contact person Daytime telephone number

Part 2: Applicant's signature

Under penalties of perjury, I state that I have examined this application and to the best of my knowledge the information provided is true, correct, and complete. I further state that I am engaged in centralized purchasing activities in Illinois.

Name of the authorized officer or individual (Please type or print.)

Signature of an authorized officer or individual

Date

Title of authorized officer or individual

(_____) _____
Daytime telephone number

**Mail this form to: CENTRAL REGISTRATION DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19030
SPRINGFIELD IL 62794-9030**



Line-by-Line Instructions

Part 1: Applicant information

Line 1 - Write your company's legal name.

Line 2 - If, for business purposes, your company is using any name other than the name on Line 1, write that name on this line.

Line 3 - Write the address of the physical location of your business.

Line 4 - Write your mailing address, if it is different from the business address on Line 3.

Line 5 - Write your company's federal employer identification number (FEIN).

Line 6 - Write your company's Illinois business tax (IBT) number.

Line 7 - Write the name and daytime telephone number, including area code, of your contact representative. We may need to contact you about this application.

Part 2: Applicant's signature

The authorized officer or individual must provide the information in Part 2, and sign this form.

Mail your completed form to:

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