

Aviso de venta a granel

La Notificación de Venta de Lotes tiene la obligación de ser presentada por el vendedor de la empresa al menos 45 días antes de la venta o transferencia, sin embargo, el comprador debe asegurarse de que esto se haga.

La forma sigue a continuación



CHICAGO DEPARTMENT OF FINANCE TAX DIVISION BULK SALES UNIT DEPAUL CENTER, SUITE 300 333 S. STATE ST., CHICAGO, ILLINOIS 60604-3977

BULK SALES NOTIFICATION

Note to filers:

The information requested is required per section 3-4-140 of the Uniform Revenue Procedures Ordinance. Complete all information; *attach a copy of the sales contract* and mail to Chicago Dept. of Finance, Tax Division, Bulk Sales Unit, 333 S. State Street, Suite 300, Chicago, IL 60604-3977.

All notices should be received at least forty-five (45) days before closing to be considered timely. If that is not possible, the transferee or buyer should hold in escrow an amount sufficient to cover the potential liability.

Date of Notice:______ Date of Intended Sale:_____

Business Name:	D/B/A:			
City:	State:ZipCode:			
Property Index Number (PIN) if Real Estate is Being Sold:				
Medallion Number(s) if Applicable:				
Business Phone:	Business Fax:			
	IL IBT #:			
City IRIS # / City Account # :				
	e Proprietor, Partnership, Corp.):			
Business Activity:				
Number of Years at Site: Last Date of Operation if Applicable:				
	ed at: tion:			
Fransferor/Seller Informat	tion:			
ransferor/Seller Informat	tion:			
ransferor/Seller Informat Name: Telephone:	tion: Fax:			
Name: Telephone: Home Address:	tion: Fax:			
Name:Home Address:City:	Fax: Fax: Zip Code:			
Name:Home Address:Email Address:	Fax: State: Zip Code:			
Name: Telephone: Home Address: City: Email Address #:	Fax:State:Zip Code:			
Name: Telephone: Home Address: City: Email Address: Drivers License #: Attorney's Name:	Fax:State:Zip Code:			
Name: Telephone: Home Address: City: Email Address: Drivers License #: Attorney's Name: Telephone:	Fax:State:Zip Code:			
Name: Telephone: Home Address: City: Email Address: Drivers License #: Attorney's Name: Telephone: Email Address:	Fax:State:Zip Code:			
Name: Telephone: Home Address: City: Email Address: Drivers License #: Attorney's Name: Telephone: Email Address: Firm Name: Firm Address:	Fax:State:Zip Code:			

III.	Transferee/Buyer Information:				
	Name:				
	Telephone:	Fax:			
	City:	State:	Zip Code:		
	Attorney's Name:				
	Telephone:	Fax:			
	Firm Name:				
	Firm Address:				
	City:	State:	Zip Code:		
	Attorney's Signature:				
IV.	Sale Description:				
	Description of Property Being	Sold (Attach a schedule, i	f necessary):		
	Purchase Price: \$				
	Price attributed to Real Estate: \$				
	Other Consideration:				
	Amount Escrowed for City of Chicago taxes, interest, penalties, nontax debts and other debts owed by the seller or transferor to the City of Chicago.:				
	by the seller of transferor to the	le City of Cilicago.:			
V.	Registration and Other Informat	tion:			
	Tay Contact Person:		Email Address:		
	Telephone: Fax: Fax: Fax: Fax: Fax: Fax: Fax: Fax				
	Tax Code: Start Date:				
	Tax Code: Start Date: Start Date:				
	Total Number of Employees (full and part-time):				
			Print Name of Filer		
			Time i danie of i fiel		
			Signature of Filer		
			Party Representing		
	ase provide this office with a copy of this notice.	of the sales contract of ag	reement, which is necessary in the		
	Use Only:	45 Days Allowance: YES	S No		

The Illinois Department of Revenue may also require the filing of a Bulk Sales Notice. Call (312) 814-3063 or Fax to (312) 793-3841.