

# **Taxpayer Notification**

## **Sales Tax Exemption Denial**



April 16, 2019



**Letter ID:** L1194698416

**Case ID:** 0-688-748-160

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\_\_\_\_\_  
\_\_\_\_\_  
THE ALLIANCE FOR HUMAN SERVICES  
1313 N DELANY RD FL 2ND  
GURNEE IL 60031-2111

## **We have denied your sales tax exemption application.**

Your application requesting a Charitable sales tax exemption ("E" number) is being denied because your organization does not meet our requirements.

If you do not agree, you may file a protest with us, the Illinois Department of Revenue, and request an administrative hearing. Your request must be in writing, must clearly indicate that you want to protest, and must explain in detail why you do not agree with our actions. Include your contact information in your request. Mail, email, or fax your request using the contact information provided below.

If you have questions, call or email us weekdays between 8:00 a.m. and 4:30 p.m. at the telephone number or email address below.

**EXEMPTION SECTION MC 3-520  
ILLINOIS DEPARTMENT OF REVENUE  
101 WEST JEFFERSON STREET  
SPRINGFIELD IL 62702**

**217 782-8881  
217 524-1966 fax  
REV.E99@illinois.gov**



Illinois Department of Revenue

Schedule REG-1-O Owner and Officer Information

Read this information first - If you are a first time registrant, attach this schedule to Form REG-1.

If your organization is a:

- Proprietorship
Partnership
Corporation or S Corp\*
Trust or estate
Not-for-profit organization
Limited liability company
Governmental unit

then complete Step 2 to identify:

- the owner (if husband/wife or civil union, enter both individuals' information)
- each general partner
- the president, secretary, and treasurer
- the chief operating officer and chief financial officer
- each trustee or executor
- the president, secretary, or treasurer
- each manager and member
- one contact person (for example, the liaison)

Step 1: Identify your business or organization

Business name: The Alliance of Human Services

FEIN: 46 - 3412223

If your business is a corporation, are you publicly traded? Yes X No

SSN: (Proprietorship only)

If "Yes", provide the ticker symbol:

Contact for this schedule: Phyllis Dobbs

Phone: (847) 567 - 3962

Step 2: Identify your owners and officers

1 Individuals - For each individual required, complete the following information (including the Social Security number).

a Janelle Miller Moravek Chair
101 Arthur Ave, Libertyville IL 60478
12/27/1971 (847) 772-6228
359 - 62 - 4671

c
Name Title
Home address - No PO Box number City State ZIP
Date of birth Phone
Social Security number Ownership percentage:

b
Name Title
Home address - No PO Box number City State ZIP
Date of birth Phone
Social Security number Ownership percentage:

d
Name Title
Home address - No PO Box number City State ZIP
Date of birth Phone
Social Security number Ownership percentage:

2 Businesses - For each business that is an owner, complete the following information (including the federal employer identification number (FEIN)).

a
Name FEIN
Legal address
City State ZIP
Phone Ownership percentage:

b
Name FEIN
Legal address
City State ZIP
Phone Ownership percentage:

Step 3: Remove owners and officers (for current registrants only, not new registrants)

Complete the following information (including the Social Security number) if you need to remove an owner or officer from our registration records.

a Remove existing owners/officers
Name Title
Date of birth Phone
Social Security number Date ceased as owner/officer

b
Name Title
Date of birth Phone
Social Security number Date ceased as owner/officer

Step 4: Sign here

Under penalties of perjury, I certify I have examined all the information provided for my registration or renewal application and, to the best of my knowledge, it is true, correct, and complete.

Signature: Janelle Miller Moravek

Date: 5/24/2018

Printed name: Janelle Miller Moravek

Title: Chair

Fax your completed schedule to 217 785-6013 or mail to:

CENTRAL REGISTRATION DIVISION 3-222
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19030
SPRINGFIELD IL 62794-9030

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.