

InfotaxSquare **com** [®]

Incorporate. LLC. Income Taxes. Business Taxes



Online Live Customer Support
Available 24/7

TOLL FREE
1-866-754-4460
FAX:
718-732-2471

FORM A C-Corporation Or An S-Corporation

PLEASE NOTE: The States of Pennsylvania, Georgia, Arizona, Nebraska and New York law requires a Corporation / LLC to publish a notice of filing of articles of incorporation in the local Newspaper where entity is located. Our packages does not include publication fees, Infotaxsquare.com representative will call you to discuss the publication pricing.

Corporation Type: **C-Corporation** **S-Corporation**

Select The State:

Please complete the requested information below for filing your Certificate of Incorporation. Infotax Square representative will begin processing your order upon receipt of payment.

BUSINESS OVERVIEW

Enter The EXACT Company name which will be your first preference and two alternate corporate names below. Our staff will research your corporation's name availability according to your order of preference.

Type of Entity: _____

Company Name: _____

Alternative Name1: _____

Alternative Name2: _____

Address: _____

City: _____

State: _____

Zip: _____

County: _____

Business Description: _____

CONTACT INFORMATION (This is where we will ship your documents)

First Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

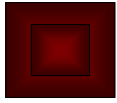
Telephone Number: (____) _____ - _____

Fax Number (if any): (____) _____ - _____

STOCK INFORMATION

Authorized Shares: _____

Par Value Per Share: _____



OWNER INFORMATION

Please indicate who will serve in the following corporate officer positions

PRESIDENT

Full Name: _____

Social Security Number: _____ (999-99-9999)

Residence Address: _____

City, State, Zip: _____

VICE PRESIDENT

Full Name: _____

Social Security Number: _____ (999-99-9999)

Residence Address: _____

City, State, Zip: _____

SECRETARY

Full Name: _____

Social Security Number: _____ (999-99-9999)

Residence Address: _____

City, State, Zip: _____

TREASURER

Full Name: _____

Social Security Number: _____ (999-99-9999)

Residence Address: _____

City, State, Zip: _____

PURPOSE STATEMENT

Example: "To provide a repair service for automotive and other vehicles and to sell automotive parts, gasoline and diesel fuel."

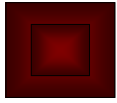
REGISTERED AGENT INFORMATION

As you did not select Registered Agent on the previous page, so please enter the name and address of the person who will serve as the Registered Agent.

First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____



TOLL FREE
1-866-754-4460
FAX:
718-732-2471

ORDER INFORMATION (For Pricing click here)

State Fee:	
Standard Shipping Fee:	
Corporate Kit Fee:	
Employer ID Number Fee:	
State Expedite Fee:	
Resident Agent Fee:	
Sales Tax ID Number Fee:	
Publication Fee:	
Basic Package Fee:	
Total	

CARDHOLDER INFORMATION

Check (payable to INFOTAX SQUARE): Mail to: 109-13 Centerville Street, Suite 3R, Ozone Park, NY 11417
CREDIT CARD: This authorizes Infotax Square to charge my credit card for filing Certificate of Incorporation.



Card Type: Visa Master Card American Express Discover

First Last Name: _____

Billing Address: _____ City, State, Zip _____

Phone, Fax: _____

Card Number: _____ Expiration Date: _____

Country: _____

General Comments / Instructions:

TERMS OF USE AGREEMENT & DISCLAIMER (Click Here For Online)

The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.

Name / Signature _____

Official Use Only - Prepared by: _____

You can mail the form at:
Infotax Square
109-13 Centerville Street, Suite 3R
Ozone Park, NY 11417
Fax at: 718-732-2471