

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

SALES TAX VENDOR IDENTIFICATION NUMBER

Please complete the requested information below for your Sales Tax Vendor Identification Number. Infotax Square representative will begin processing your order upon receipt of payment.

Exempt States for Sales tax: ALASKA, DELAWARE, MONTANA, NEW HAMPSHIRE, OREGON.

PLEASE SELECT

Type of Entity:

State:

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

First Name: _____

Last Name: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

BUSINESS OVERVIEW

Is it a new business? Yes No

Name of Entity: _____

DBA/Trade Name
(if any): _____

State of Formation: _____

Date of Formation: _____ (mm/dd/yyyy)

Date Business Planning
to Start: _____ if can be future date (mm/dd/yyyy)

Estimated Monthly Gross
Receipts/Sales: _____

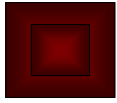
Employer ID Number: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Business Description: _____



BANK INFORMATION

Bank Name: _____

Account Number: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

OFFICERS/MEMBERS INFORMATION

OFFICER 1

Full Name: _____

Title: _____
(President, Vice President, Secretary, Treasurer, Owner, Member)

Driving License Number: _____ (if any)

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

Percentage of Ownership: _____

Date of Birth: _____ (mm/dd/yyyy)

Residence Address: _____

City, State, Zip: _____

Phone, Fax: _____

OFFICER 2

Full Name: _____

Title: _____
(President, Vice President, Secretary, Treasurer, Owner, Member)

Driving License Number: _____ (if any)

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

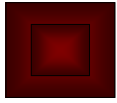
Percentage of Ownership: _____

Date of Birth: _____ (mm/dd/yyyy)

Residence Address: _____

City, State, Zip: _____

Phone, Fax: _____



OFFICER 3

Full Name: _____

Title: _____
(President, Vice President, Secretary, Treasurer, Owner, Member)

Driving License Number: _____ (if any)

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

Percentage of Ownership: _____

Date of Birth: _____ (mm/dd/yyyy)

Residence Address: _____

City, State, Zip: _____

Phone, Fax: _____

ORDER INFORMATION (For Pricing click here)

| | |
|--|--|
| Standard State Filing Fee: | |
| Infotax Square Fee for filing Your Sales Tax Vendor ID Number: | |
| Shipping and Handling: | |
| 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

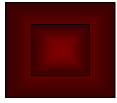
First Last Name: _____

Billing Address: _____ City, State, Zip _____

Phone, Fax: _____

Card Number: _____ Expiration Date: _____

Country: _____



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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

***Important: Please save the form before submitting**