

## DBA / ASSUMED OR FICTITIOUS NAME FILING

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

PLEASE SELECT

Type of Entity:

Select State:

Enter County:

### BUSINESS OVERVIEW

Name of Entity:

Date of Formation:

\_\_\_\_\_ (mm/dd/yyyy)

Brief Business Description:

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

First Name:

Last Name:

Address:

Suite/Apt:

City, State, Zip:

Phone:

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax:

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### ORDER INFORMATION ( For Pricing [https://www.infotaxsquare.com/forms/assumed\\_name.php](https://www.infotaxsquare.com/forms/assumed_name.php) )

NOTE: The Standard State / County fees is being charged with this application. However, additional filing fees may be charged according to your state / county not to infotax square. If applicable, Infotax Square representative will call you to discuss additional fees.

1. Enter the assumed name that you would like to register today:

2. Enter the address at which you plan to operate under this assumed name (NOTE: Must provide a PHYSICAL address (ie. no PO Boxes). Address must also be INSIDE THE COUNTY you seek to file with).

Address:

City, State, Zip:

3. Additional counties in which you plan to operate under this assumed name: (NOTE: Rules vary from county to county so additional counties could result in add'l fees)

State / County Filing Fee:		
Do you need Employer ID Number? Yes <input type="radio"/> No <input type="radio"/>		
*If 'Yes' Fill This:	Social Security Number: (999-99-9999):	<input type="text"/>
Do you need Sales Tax ID Number? Yes <input type="radio"/> No <input type="radio"/>		
*If 'Yes' fill the amount:		<input type="text"/>
Infotax Square Fee for Filing Your Certificate of Assumed Name/DBA:		<input type="text"/>
Shipping and Handling:		<input type="text"/>
Total:		<input type="text"/>

OWNERS' INFORMATION

OWNER 1

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (999-99-9999)

Residence Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

OWNER 2

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (999-99-9999)

Residence Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

OWNER 3

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (999-99-9999)

Residence Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

OWNER 4

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (999-99-9999)

Residence Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

- Check (payable to INFOTAX SQUARE) : Our Mailing Address <http://www.infotaxsquare.com/contact.html>
- CREDIT CARD: This authorizes Infotax Square to charge my credit card for filing Certificate of Incorporation.

tani

Card Type:  Visa  Master Card  American Express  Discover

First Last Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Free Consultation  
+1 (866)754 4460

Official Use Only

Prepared by: \_\_\_\_\_

--	--

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

Have a Question? Please contact our customer service department at 866-754-4460 or 516-822-3100, 516-822-3175.  
You may also email your questions to [info@infotaxsquare.com](mailto:info@infotaxsquare.com) or take advantage of our Live Chat option. Live Chat available 24/7