

Partnership / General Partnership

PLEASE SELECT SUBSCRIPTION TYPE

New or Existing Entity: New Existing

PLEASE SELECT

Select State:
Type of Entity:
County: _____

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

First Name: _____
Last Name: _____
Address: _____
Suite/Apt: _____
City, State, Zip: _____
Phone: (____) _____ - _____
Fax: (____) _____ - _____

BUSINESS OVERVIEW

Name of Entity: _____
Date of Formation: _____ (mm/dd/yyyy)
Business Description: _____

ORDER INFORMATION (For Pricing please visit https://www.infotaxsquare.com/forms/partnership_reg.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, the fees will be paid to your state / county not to Infotax Square. If applicable, Infotax Square representative will call you to discuss additional fees.

1. Enter the address at which you plan to operate under this partnership

(NOTE: Must provide a PHYSICAL address (ie. no PO Boxes). Address must also be INSIDE THE COUNTY you seek to file with)

Address: _____ (If different from the above)
Suite/Apt: _____
City, State, Zip: _____

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

Additional Counties: _____

Do you need Employer Identification Number?: YES NO

Do you need Sales Tax ID Number?: YES NO

Total:

PARTNERS' INFORMATION

Partner 1

Full Name: _____

SSN: _____

Address: _____

City, State, Zip: _____

Phone, Fax: _____

Partner 2

Full Name: _____

SSN: _____

Address: _____

City, State, Zip: _____

Phone, Fax: _____

Partner 3

Full Name: _____

SSN: _____

Address: _____

City, State, Zip: _____

Phone, Fax: _____

Partner 4

Full Name: _____
SSN: _____
Address: _____
City, State, Zip: _____
Phone, Fax: _____

CARDHOLDER INFORMATION

Check (payable to INFOTAX SQUARE): Our Mailing Address <http://infotaxsquare.com/contact.html>

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

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 or take advantage of our Live Chat option. Live Chat available 24/7