

## 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 [https://www.infotaxsquare.com/forms/sales\\_tax\\_vendor\\_id.php](https://www.infotaxsquare.com/forms/sales_tax_vendor_id.php) )

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): 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](mailto:info@infotaxsquare.com) or take advantage of our Live Chat option. Live Chat available 24/7