

cpa4tax[®]
VIREN SANGHVI
Certified Public Accountant

BUSINESS FILING SERVICE

Your Name: _____ Date: _____
Address: _____ Tel.: _____

Name of State where Business to be formed: _____ Effective
Date: _____

Choice of Name of Business to be registered:

First: _____

Second: _____

Third: _____

Address: _____

T/A or D/B/A (Alt.Name) _____

Nature of Business: _____ Date Payroll Begins _____

Number of Stock Authorized _____ Par Value: _____

Registered Agent Name: _____
Address: _____

No. of Director/Members: _____

1. Name/SSN: _____ / ____ / ____ Ownership % _____
Address: _____

2. Name/SSN: _____ / ____ / ____ Ownership % _____
Address: _____

3. Name/SSN: _____ / ____ / ____ Ownership % _____
Address: _____

Initial by Choice: C-Corp: _____ S-Corp: _____ LLC: _____ Sch "C"/1065/1120/1120s

Paid In Advance:

New Jersey: \$600 @

New York \$600 @

For any other State Call ...

Alt. Name: \$150

@ Includes Business Filing Fee + Preparation Fee of

of Federal and State Registration Form

SS-4. NJ Reg-1, Form 2553, CBT-2553, NYS-CT-6, NYS-100

**** **Get Free Corporate Kit - \$75 Value** ****

Payment Info: Visa/MC # _____ Exp Date _____ Code _____

I will be using a Standard Format Form published/accepted by the Secretary of State Office to register an entity, and this does not replace the need for competent legal advice.

"Excellence In Service"

www.cpa4tax.com

Call: 732 . 940 . 2100 **Fax:** 732 . 940 . 2101 **E-mail:** vsanghvi@cpa4tax.com

Viren Sanghvi CPA, LLC 3086 Route 27, Suite # 9, Kendall Park, NJ 08824