

New S-Corporation Entity Information

NAME OF ENTITY

Trade Name (Doing Business As), If Any

PRIMARY CONTACT INFORMATION

Primary Contact

Business Phone

Mobile

Fax

Email

Mailing Address

City

State

Zip

BUSINESS INFORMATION

Business Mailing Address

City

State

Zip

Business Worksite Address

City

State

Zip

Within the City Limits? Yes No

COUNTY

PRIMARY ACTIVITY

PRIMARY SERVICE OR PRODUCT SOLD

PRIMARY OFFICERS AND SHAREHOLDERS

Please select a Registered Agent.

The Registered Agent must have a physical address in the state you are forming your entity in.

PRESIDENT

Title

% of Ownership

REGISTERED AGENT

Name

SSN

Phone

Address

City

State

Zip

Date of Birth

Driver's License

Email Address

SECRETARY

Title

% of Ownership

REGISTERED AGENT

Name

SSN

Phone

Address

City

State

Zip

Date of Birth

Driver's License

Email Address

STATE FILING FEE PAYMENT INFO

Credit Card information for paying state filing fee (if online filing is available)

Type of Card

Card Number

Exp Date:

CVC

Name on Card

Billing Address

City

State

Zip

ADDITIONAL OFFICERS AND SHAREHOLDERS

_____	_____	<input type="checkbox"/> REGISTERED AGENT
Title	% of Ownership	
_____	_____	_____
Name	SSN	Phone
_____	_____	_____
Address	City	State Zip
_____	_____	_____
Date of Birth	Driver's License	Email Address

_____	_____	<input type="checkbox"/> REGISTERED AGENT
Title	% of Ownership	
_____	_____	_____
Name	SSN	Phone
_____	_____	_____
Address	City	State Zip
_____	_____	_____
Date of Birth	Driver's License	Email Address

_____	_____	<input type="checkbox"/> REGISTERED AGENT
Title	% of Ownership	
_____	_____	_____
Name	SSN	Phone
_____	_____	_____
Address	City	State Zip
_____	_____	_____
Date of Birth	Driver's License	Email Address

_____	_____	<input type="checkbox"/> REGISTERED AGENT
Title	% of Ownership	
_____	_____	_____
Name	SSN	Phone
_____	_____	_____
Address	City	State Zip
_____	_____	_____
Date of Birth	Driver's License	Email Address