



ITAXEXPERTS.COM

87 RIVERVIEW RD

JERSEY CITY, NJ 07305

Phone: 347-757-3636

Cell 201-965-5301

Fax: 212-537-0261

E-mail: tax@itaxexperts.com

Annual Report Filing

Please complete the requested information below for your Annual Report Filing.

CONTACT INFORMATION

First Name: _____

Last Name: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

COMPANY INFORMATION

Name of Entity: _____

Type of Entity:

- Corporation
- S Corporation
- Partnership
- Single Member LLC
- Multi member LLC
- Sole Proprietor

State of Formation: _____

Date of Formation: _____ (mm/dd/yyyy)

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Business Description :



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SHAREHOLDER/OFFICERS/MEMBERS INFORMATION

SHAREHOLDER 1

Full Name: _____

Residence Address: _____

City, State, Zip: _____

Phone, _____

Fax: _____

SHAREHOLDER 2

Full Name: _____

Residence Address: _____

City, State, Zip: _____

Phone, _____

Fax: _____

SHAREHOLDER 3

Full Name: _____

Residence Address: _____

City, State, Zip: _____

Phone, _____

Fax: _____



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CREDIT CARD AUTHORIZATION

I hereby authorize ITAXEXPERTS.COM to use the following credit card to pay State registration fees and charges:

Card Type:

- VISA Master Card American Express Discover

Name on the Credit Card: _____

Credit Card Number: _____

CC Expiration Date: _____ Security (CSV) Code: _____

CC Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Card Holder _____

Notes:

I authorize ITAXEXPERTS.COM to Apply for Annual Report Filing and willing to pay \$_____

(Exclusive of State and county Fee).

^Please fill in Fee Amount as Mentioned in Fee Schedule. Or Fee Discussed with Accountant.

Name

Signature & Date