



Authorization to Dissolve an Entity

Corporation Name: _____

FEIN : _____

Address: _____

City: _____ State: _____ Zip Code: _____

CONTACT INFORMATION SS

First Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

I, _____, a corporate officer of the above mentioned entity, authorize **ITAXEXPERTS.COM** to dissolve the above mentioned entity effective immediately.

I agree to pay a dissolution fee of \$ _____ * to **ITAXEXPERTS.COM**. This fee will be additional to any related dissolution fees to be paid to tax authorities or Department of State.

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

I further acknowledge that if there are any missing tax returns including corporate tax returns, payroll tax returns, and/or sales tax returns, which are required to be filed to complete the dissolution process, I will be billed separately.

Name of the Corporate Officer _____ Title _____

Signature of the Corporate Officer _____ Date _____



ITAXEXPERTS.COM

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Cell: 201-965-5301

Fax: 212-537-0261

E-mail: tax@itaxexperts.com

CREDIT CARD AUTHORIZATION

I hereby authorize ITAXEXPERTS.COM to use the following credit card to pay State 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:
