



**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

## INCORPORATION AUTHORIZATION

I, \_\_\_\_\_, authorize ITAXEXPERTS.COM, to file incorporation papers with the \_\_\_\_\_ (State) for one of the following corporations, depending on availability of name:

Type of Entity: (encircle one)

- Corporation
- LLC
- LLP

(Please list at least three (3) desired names for your Company)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The address of the corporation will be:

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Business Purpose:

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I would like this processing to be: (Please circle one)

1. Regular Processing Time
2. Expedited Processing Time
3. 24 Hours Processing Time



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I also agree to pay a professional fee of US \$ \_\_\_\_\_ to ITAXEXPERTS.COM to register my corporation and apply Corporate Tax ID number (FEIN #). **All other services such as State registration fees, certified copies and corporation kit etc. will be paid separately.**

Signed By,

\_\_\_\_\_  
(Shareholder Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Shareholder Signature)

### SHAREHOLDER INFORMATION

\_\_\_\_\_  
Name of Corporation (to be incorporated)

#### Shareholder #1

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Percent of Shares Owned: \_\_\_\_\_%

Title (President, Vice President, etc.): \_\_\_\_\_ Signatures \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

#### Shareholder #2

Full Name: \_\_\_\_\_



Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Percent of Shares Owned: \_\_\_\_\_%

Title (President, Vice President, etc.): \_\_\_\_\_ Signatures \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

(Attach additional sheets if necessary)

### CREDIT CARD AUTHORIZATION

\_\_\_\_\_  
Name of Corporation (to be incorporated)

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

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:

\_\_\_\_\_