



S-CORPORATION ELECTION

Please complete the requested information below for your S-Corporation Election.

CONTACT INFORMATION

First Name: _____

Last Name: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Phone: (_____) _____

Fax: (_____) _____

Email: _____

COMPANY INFORMATION

Name of Entity: _____

State of Formation: _____

EIN Number : _____

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

Selected Tax Year: _____ (December 31 for most taxpayers)

Election to be effected for the year beginning: _____ (mm/dd/yyyy)

Address: _____

Suite/Apt: _____

City, State, Zip: _____

SHAREHOLDER/OFFICERS/MEMBERS INFORMATION

SHAREHOLDER 1



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

Full Name: _____

Social Security Number: _____ (999-99-9999)

Percentage of Ownership: _____

Date Acquired: _____ (mm/dd/yyyy)

Residence Address: _____

City, State, Zip: _____

Phone, _____

Fax: _____

SHAREHOLDER 2

Full Name: _____

Social Security Number: _____ (999-99-9999)

Percentage of Ownership: _____

Date Acquired: _____ (mm/dd/yyyy)

Residence Address: _____

City, State, Zip: _____

Phone, _____

Fax: _____

SHAREHOLDER 3

Full Name: _____

Social Security Number: _____ (999-99-9999)

Percentage of Ownership: _____

Date Acquired: _____ (mm/dd/yyyy)

Residence Address: _____

City, State, Zip: _____



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JERSEY CITY, NJ 07305

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E-mail: tax@itaxexperts.com

Phone, _____

Fax: _____

I authorize **ITAXEXPERTS.COM** to Apply for S Corporation Election and willing to pay \$ _____
(exclusive of State and county Fee).

^Please fill in Fee Amount as Mentioned in Fee Schedule.

Name

Signature & Date