



Annual Report Filing

Please complete the requested information below for your Annual Report Filing. Infotax Square representative will begin processing your order upon receipt of payment.

CONTACT INFORMATION (This is where we will ship your documents)

First, Last Name: _____

Contact Address: _____

City, State, Zip: _____

Telephone Number: (_____) _____ - _____

Fax Number (if any): (_____) _____ - _____

Email Address: _____

BUSINESS OVERVIEW

Type of Entity: Corporation Limited Liability Company Partnership Other: _____

Entity Name: _____

Date of Formation _____
(mm/dd/yy)

State of Formation _____

Business Description: _____

OFFICERS / DIRECTOR INFORMATION

NOTE: If you need more space please use a blank paper to fill in the information.

1. Officer / Director Name: _____ Title: _____
Complete Address: _____
2. Officer/member Name: _____ Title: _____
Complete Address: _____
3. Officer/member Name: _____ Title: _____
Complete Address: _____



PAYMENT OPTIONS

➤ **TOTAL: \$** _____

Check (payable to INFOTAX SQUARE): Mail to: 109-13 Centerville Street, Suite 3R, Ozone Park, NY 11417

CREDIT CARD: This authorizes Infotax Square to charge my credit card for Annual Report filing.



Card Type: Visa Master Card American Express Discover

First, middle, last Name: _____

Card Number: _____

Expiration Date: _____

The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.

You can mail the form at:
Infotax Square
109-13 Centerville Street, Suite 3R
Ozone Park, NY 11417
Fax at: 718-732-2471

Name / Signature