



**InfotaxSquare** com<sup>®</sup>

Incorporate. LLC. Income Taxes. Business Taxes



Online Live Customer Support  
Available 24/7

TOLL FREE  
**1-866-754-4460**

FAX:  
**718-732-2471**

## ARTICLES OF DISSOLUTION - CORPORATION

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

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### PLEASE SELECT

Type of Entity:

State:

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

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Suite/Apt: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax Number (if any): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### BUSINESS OVERVIEW

Name of Entity: \_\_\_\_\_

State of Formation: \_\_\_\_\_

Date of Formation: \_\_\_\_\_ (mm/dd/yyyy)

Employer ID Number: \_\_\_\_\_

Reason for Dissolving/Cancellation:

Not Conducting Business

Other

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

(If different from the above)

Suite/Apt: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

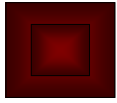
### REGISTERED AGENT INFORMATION ( if any )

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

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

City, State, Zip: \_\_\_\_\_





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**General Comments / Instructions:**

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**TERMS OF USE AGREEMENT & DISCLAIMER ( Click Here For Online )**

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

\_\_\_\_\_  
Name / Signature

**Official Use Only** - Prepared by: \_\_\_\_\_

**You can mail the form at:**

Infotax Square  
109-13 Centerville Street, Suite 3R  
Ozone Park, NY 11417

**Fax at: 718-732-2471**

**\*Important: Please save the form before submitting**