

S-CORPORATION ELECTION

Please complete the requested information below for your S-Corporation Election Status.
Infotax Square representative will begin processing your order upon receipt of payment.

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

First Name: _____
Last Name: _____
Address: _____
Suite/Apt: _____
City, State, Zip: _____
Phone: (____) _____ - _____
Fax: (____) _____ - _____

BUSINESS OVERVIEW

Name of Entity: _____
State of Formation:
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: _____

SHAREHOLDERS' INFORMATION

SHAREHOLDER 1

Full Name: _____
Social Security Number: _____ (999-99-9999)
Residence Address: _____
City, State, Zip: _____
Stock owned or percentage of ownership: _____
Date Acquired: _____

SHAREHOLDER 2

Full Name: _____

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

Residence Address: _____

City, State, Zip: _____

Stock owned or percentage of ownership: _____

Date Acquired: _____

SHAREHOLDER 3

Full Name: _____

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

Residence Address: _____

City, State, Zip: _____

Stock owned or percentage of ownership: _____

Date Acquired: _____

ORDER INFORMATION (For Pricing https://infotaxsquare.com/forms/s_corp_election.php)

Infotax Square fees for S-Corporation Election:	
Shipping and Handling:	
Total	

CARDHOLDER INFORMATION

- Check (payable to INFOTAX SQUARE): Our Mailing Address <http://infotaxsquare.com/contact.html>
- CREDIT CARD: This authorizes Infotax Square to charge my credit card for filing Certificate of Incorporation.

Card Type: Visa Master Card American Express Discover

First Last Name: _____

Billing Address: _____ City, State, Zip _____

Phone, Fax: _____

Card Number: _____ Expiration Date: _____

Country: _____



General Comments / Instructions:

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

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

Free Consultation
+1 (866)754 4460

Name / Signature

Official Use Only	Prepared by: _____
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***Important: Please save the form before submitting**

Have a Question? Please contact our customer service department at 866-754-4460 or 516-822-3100, 516-822-3175.
You may also email your questions to info@infotaxsquare.com or take advantage of our Live Chat option. Live Chat available 24/7