

State Employment Withholding Number

Please complete the requested information below for your State Employment Withholding Number. Infotax Square representative will begin processing your order upon receipt of payment.

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: _____

Phone: (____) _____ - _____

Fax: (____) _____ - _____

BUSINESS OVERVIEW

Is it a new business? Yes No

Name of Entity: _____

DBA/Trade Name (if any): _____

State of Formation:

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

Date Business Planning to Start: _____ if can be future date (mm/dd/yyyy)

Estimated Monthly Gross Receipts/Sales: _____

Employer ID Number: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Business Description: _____



OFFICERS/MEMBERS INFORMATION

OFFICER 1

Full Name: _____

Title: _____
(President, Vice President, Secretary, Treasurer, Owner, Member)

Driving License Number: _____ (if any)

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

Percentage of Ownership: _____

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

Residence Address: _____

City, State, Zip: _____

Phone, Fax: _____

OFFICER 2

Full Name: _____

Title: _____
(President, Vice President, Secretary, Treasurer, Owner, Member)

Driving License Number: _____ (if any)

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

Percentage of Ownership: _____

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

Residence Address: _____

City, State, Zip: _____

Phone, Fax: _____

OFFICER 3

Full Name: _____

Title: _____

(President, Vice President, Secretary, Treasurer, Owner, Member)

Driving License Number: _____ (if any)

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

Percentage of Ownership: _____

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

Residence Address: _____

City, State, Zip: _____

Phone, Fax: _____

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

Do you want to apply for EIN?, If yes:	
Standard State Filing Fee:	
Infotax Square Fee for filing Your State Employment Withholding Tax:	
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.

Name / Signature

Free Consultation
+1 (866)754 4460

Official Use Only Prepared by: _____

***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