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VIREN SANGHVI  
Certified Public Accountant

**BUSINESS FILING SERVICE**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

Name of State where Business to be formed: \_\_\_\_\_ Effective  
Date: \_\_\_\_\_

Choice of Name of Business to be registered:

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

Second: \_\_\_\_\_

Third: \_\_\_\_\_

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

T/A or D/B/A (Alt.Name) \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Date Payroll Begins \_\_\_\_\_

Number of Stock Authorized \_\_\_\_\_ Par Value: \_\_\_\_\_

Registered Agent Name: \_\_\_\_\_  
Address: \_\_\_\_\_

No. of Director/Members: \_\_\_\_\_

1. Name/SSN: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_ Ownership % \_\_\_\_\_

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

2. Name/SSN: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_ Ownership % \_\_\_\_\_

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

3. Name/SSN: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_ Ownership % \_\_\_\_\_

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

Initial by Choice: C-Corp: \_\_\_\_\_ S-Corp: \_\_\_\_\_ LLC: \_\_\_\_\_ Sch "C"/1065/1120/1120s

**Paid In Advance:**

New Jersey: \$600 @

New York \$600 @

For any other State Call ...

Alt. Name: \$150

Payment Info: Visa/MC # \_\_\_\_\_ Exp Date \_\_\_\_\_ Code \_\_\_\_\_

@ Includes Business Filing Fee + Preparation Fee of

of Federal and State Registration Form

SS-4, NJ Reg-1, Form 2553, CBT-2553, NYS-CT-6, NYS-100

\*\*\*\* **Get Free Corporate Kit - \$75 Value** \*\*\*\*

*I will be using a Standard Format Form published/accepted by the Secretary of State Office to register an entity, and this does not replace the need for competent legal advice.*

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**www.cpa4tax.com**

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