

New S-Corporation Entity Information

NAME OF ENTITY _____ TRADE NAME (DOING BUSINESS AS), IF ANY _____

PRIMARY CONTACT INFORMATION

PRIMARY CONTACT _____ PHONE _____

CELL _____ EMAIL _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS INFORMATION

PHONE _____ FAX _____ EMAIL (if different from above) _____

BUSINESS MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS WORKSITE ADDRESS _____ CITY _____ STATE _____ ZIP _____

IN CITY LIMITS? YES NO

COUNTY _____

PRIMARY ACTIVITY _____ PRIMARY SERVICE OR PRODUCT SOLD _____

PRIMARY OFFICERS AND SHAREHOLDERS

President

TITLE _____ % OWNERSHIP _____ REGISTERED AGENT

NAME _____ SSN _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Secretary

TITLE _____ % OWNERSHIP _____ REGISTERED AGENT

NAME _____ SSN _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TITLE _____ % OWNERSHIP _____ REGISTERED

NAME _____ SSN _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Credit Card information for paying state filing fee (if online filing is available):

Type of Card: _____ Name on Card: _____

Account No: _____ Exp Date: _____ / _____

BILLING DDRESS CITY STATE ZIP