

Tax Registration Services

ITEM	RESPONSE
Legal Name:	
Trade Name:	
FEIN:	
State of Incorporation:	
Date of Incorporation:	
Fiscal Year End Date:	
Accounting Basis (Cash/Accrual):	
Location of records (Street, City, State, Zip):	
Principal Location of Business (Street, City, State, Zip):	
Local Address (Street, City, State, Zip):	
Mailing address (Street, City, State, Zip):	
Name/Title of Business Contact:	
Phone Number of Business Contact:	
Fax Number of Business Contact:	
Email of Business Contact:	
Email for Online Portals (i.e. payroll@company.com):	
Ownership Structure/Type of Organization (Corp, LLC, LP, etc.):	
If LLC, how does LLC file Federal (Corporation, Partnership, Disregarded?):	
Business Activity (Service, Mfg, Retail, Wholesale, Etc.):	
Business Activity Description:	
NAICS/SIC Code:	
Payroll Service Provider (if applicable):	
Payroll Service Provider Address:	
Payroll Service Provider Contact Name:	
Payroll Service Provider Phone number:	
Payroll Service Provider Email Address:	
Date of First Payroll:	

Tax Registration Services

**“Owner/Member/Principal Officer Information (Provide for Each Owner/Member/Principal Officer)
Please provide 3 officers if ownership is less than 100%”**

OWNER

OWNER (Item and Response)		
First Name:	Middle Initial:	Last Name:
Legal Entity Name if Member is Organization:		
Date of Birth:	Social Security Number / (FEIN if Organization):	
Title:		
% of Ownership/Control:		
Phone:	Fax:	Email address:
Home address (Street, City, State, Zip):		

MEMBER

MEMBER (Item and Response)		
First Name:	Middle Initial:	Last Name:
Legal Entity Name if Member is Organization:		
Date of Birth:	Social Security Number / (FEIN if Organization):	
Title:		
% of Ownership/Control:		
Phone:	Fax:	Email address:
Home address (Street, City, State, Zip):		

PRINCIPAL OFFICER

PRINCIPAL OFFICER (Item and Response)		
First Name:	Middle Initial:	Last Name:
Legal Entity Name if Member is Organization:		
Date of Birth:	Social Security Number / (FEIN if Organization):	
Title:		
% of Ownership/Control:		
Phone:	Fax:	Email address:
Home address (Street, City, State, Zip):		

Client acknowledges and agrees to a fee of \$250 per jurisdiction for each tax registration processed, unless otherwise specified in a signed agreement between the parties, in which case the pricing terms contained in the signed agreement shall govern.

Client Initials: _____

OFFICER ABOVE THAT WILL BE SIGNING REGISTRATIONS: _____