

New S-Corporation Entity Information

NAME OF ENTITY Trade Name (Doing Business As), If Any

PRIMARY CONTACT INFORMATION

Primary Contact Business Phone

Mobile Fax Email

Mailing Address City State Zip

BUSINESS INFORMATION

Business Mailing Address City State Zip

Business Worksite Address City State Zip

Within the City Limits? Yes No

COUNTY _____

PRIMARY ACTIVITY PRIMARY SERVICE OR PRODUCT SOLD

PRIMARY OFFICERS AND SHAREHOLDERS

Please select a Registered Agent.

The Registered Agent must have a physical address in the state you are forming your entity in.

PRESIDENT

Title % of Ownership REGISTERED AGENT

Name SSN Phone

Address City State Zip

Date of Birth Driver's License Email Address

SECRETARY

Title % of Ownership REGISTERED AGENT

Name SSN Phone

Address City State Zip

Date of Birth Driver's License Email Address

STATE FILING FEE PAYMENT INFO

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

Type of Card Card Number Exp Date: CVC

Name on Card Billing Address City State Zip

ADDITIONAL OFFICERS AND SHAREHOLDERS

_____	_____	<input type="checkbox"/> REGISTERED AGENT
Title	% of Ownership	
_____	_____	_____
Name	SSN	Phone
_____	_____	_____
Address	City	State Zip
_____	_____	_____
Date of Birth	Driver's License	Email Address

_____	_____	<input type="checkbox"/> REGISTERED AGENT
Title	% of Ownership	
_____	_____	_____
Name	SSN	Phone
_____	_____	_____
Address	City	State Zip
_____	_____	_____
Date of Birth	Driver's License	Email Address

_____	_____	<input type="checkbox"/> REGISTERED AGENT
Title	% of Ownership	
_____	_____	_____
Name	SSN	Phone
_____	_____	_____
Address	City	State Zip
_____	_____	_____
Date of Birth	Driver's License	Email Address

_____	_____	<input type="checkbox"/> REGISTERED AGENT
Title	% of Ownership	
_____	_____	_____
Name	SSN	Phone
_____	_____	_____
Address	City	State Zip
_____	_____	_____
Date of Birth	Driver's License	Email Address