



Contact Information

Name: _____ Phone: _____ Fax: _____
 Business Address: _____
 Shipping Address (if different): _____
 Email: _____

New York Corporation Formation Details

Proposed Name(s): _____

Company mailing address: _____

County where the office of the company will be located: _____

Stock: Standard: 200 shares, NPV
 Other: _____ shares, \$ _____ par value (Note: Higher filing fees may apply if other)

Shareholder Information:

<u>Name</u>	<u>Address</u>	<u>SSN</u>	<u># of Shares</u>

Detailed Business Purpose: _____

To apply for a Tax ID Number and/or S-Corp. election please complete the following

Company fiscal year end: _____
 Maximum number of employees expected within next 12months: _____
 First date wages will be paid to employees: _____ (month, year)
 Will any employees receive forms W-2 in the next 12months? Yes No
 Do you expect to pay less than \$4,000 in total wages during the next full calendar year? Yes No
 Does your business need to file form 720 (Quarterly Federal Excise Tax return)? Yes No

*****Please sign the following authorization and the bottom of attached SS-4 Form*****

I, the undersigned, being the taxpayer of the above referenced company, authorize USA Corporate Services Inc. to apply for and receive the EIN on my behalf and to answer questions about completion of the SS-4 form.

Signed: _____ Date: _____

Print name and title of signer: _____

To apply for Sales Tax Registration please complete the following

Date you will begin business in NYS for sales tax purposes? _____
 Will you require reciprocal sales tax agreements with: (Please check) NJ and NY CT and NY
 Current Sales Tax Registration Number: NJ: _____ NY: _____ CT: _____
 The reason to apply for Sales Registration: (Please check)
 New business New location
 Acquiring an existing business that is registered or required to register for sales tax

Sales Tax Registration Continued....

If acquiring existing business please provide the following:

Former owner's name: _____ Sales tax ID Number: _____

Address: _____

Other (specify): _____

Do you currently operate or will operate more than one permanent place of business? Yes No

If Yes, do/will you file: (Please check)

Separate sales tax returns for each location One sales tax return for all locations

Please provide your tax preparer contact information: (*complete only if you want your returns mailed to your tax preparer*)

Name of Tax Preparer or Firm: _____

Address: _____

Phone: _____ Fax: _____ Tax ID Number: _____

Email: _____

Temporary vendors only: If you expect to make sales of tangible personal property or taxable services in NYS for no more than 2 consecutive sales tax quarterly periods, enter the date you will end business: _____

Do you need employer withholding tax forms or information about withholding income taxes from your employees?

(Please check) Yes No

Are you a manufacturer or a wholesaler that is not required to collect or remit sales or use tax? Yes No

Responsible person information: (if not a shareholder)

Name: _____ Title: _____ SSN: _____

Home address: _____

Home Phone: _____

Phone: _____ Fax: _____ Email: _____

Please indicate all current and prior business identification numbers that have filed or file NYS business taxes, if any:

ID No: _____ ID No: _____ ID No: _____

Price Information

<input type="checkbox"/> Incorporation Package	\$225	<input type="checkbox"/> Assumed Name (DBA)	\$225/\$300
<input type="checkbox"/> Complete Corporate Kit*	\$55	<input type="checkbox"/> Authority to NY	\$375 + g/s
<input type="checkbox"/> Certified Copy of Filing	\$85	<input type="checkbox"/> Seal* (supplemental)	\$35
<input type="checkbox"/> Good Standing Certificate	\$95	<input type="checkbox"/> Stock Certificates* (supplemental)	\$39
<input type="checkbox"/> Tax ID Number	\$50	<input type="checkbox"/> CD with Minutes and By-Laws*	\$25
<input type="checkbox"/> S-Corp Election (State & Federal)	\$95	<input type="checkbox"/> Framing Certificate	\$55
<input type="checkbox"/> Insurance (Property & Casualty) - Call for Quote		<input type="checkbox"/> Registered Agent Services	\$100
<input type="checkbox"/> Shipping (Must choose one method)*	(<input type="checkbox"/> Ground <input type="checkbox"/> Standard Overnight <input type="checkbox"/> Priority Overnight)		
<input type="checkbox"/> Sales Tax Registration	(<input type="checkbox"/> \$50 - NY Only <input type="checkbox"/> \$75 - NY/NJ or NY/CT)		

NY State Compliance Products: Workers Compensation Insurance Required Statutory Disability Insurance
 Business License and Permit Search Unemployment Insurance Registration

Note: All cancellations will incur a 10% processing fee plus any additional hard costs

Payment Method

Check or Money Order Enclosed

Please charge the following Credit Card: Visa MasterCard American Express Discover

Credit Card Number: _____ Exp. Date: _____ CVS Number: _____

Mailing Address of Credit Card: _____

Print and Sign the name of the authorized cardholder

*NYS Residents must pay sales tax on shipping and indicated items.

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested _____		
	2 Trade name of business (if different from name on line 1) _____	3 Executor, administrator, trustee, "care of" name _____	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) _____	5a Street address (if different) (Do not enter a P.O. box.) _____	
	4b City, state, and ZIP code (if foreign, see instructions) _____	5b City, state, and ZIP code (if foreign, see instructions) _____	
	6 County and state where principal business is located _____		
	7a Name of principal officer, general partner, grantor, owner, or trustee _____	7b SSN, ITIN, or EIN _____	
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members _____ ▶	
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN) _____		<input type="checkbox"/> Estate (SSN of decedent) _____	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (TIN) _____	
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____		<input type="checkbox"/> Trust (TIN of grantor) _____	
<input type="checkbox"/> Personal service corporation		<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____		<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	
<input type="checkbox"/> Other (specify) ▶ _____		Group Exemption Number (GEN) if any ▶ _____	
9b If a corporation, name the state or foreign country (if applicable) where incorporated _____		State _____	Foreign country _____
10 Reason for applying (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶ _____		<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____	
<input type="checkbox"/> Hired employees (Check the box and see line 13.)		<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____	
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Created a trust (specify type) ▶ _____	
<input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	
11 Date business started or acquired (month, day, year). See instructions. _____		12 Closing month of accounting year _____	
13 Highest number of employees expected in the next 12 months (enter -0- if none).		14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")	
Agricultural _____	Household _____	Other _____	
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) _____ ▶			
16 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service
<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. _____			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," write previous EIN here ▶ _____			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name _____		Designee's telephone number (include area code) () _____
	Address and ZIP code _____		Designee's fax number (include area code) () _____
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) () _____
Name and title (type or print clearly) ▶ _____			Applicant's fax number (include area code) () _____
Signature ▶ _____			Date ▶ _____