



USA Corporate Services Inc.
"We Incorporate People"

46 State Street, 3rd Floor, Albany, NY 12207
(800) 891-7432 or (518) 433-1400 **Fax:** (518) 433-1489
info@usa-corporate.com • www.usa-corporate.com

Contact Information

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

New York PLLC Formation

Proposed Name(s): _____

Company mailing address: _____

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

The Limited Liability Company is to be managed by:

- ☐ One or more Members ☐ A class of Members
☐ One or more Managers ☐ A class of Managers

Manager/Member Information: *(provide a copy of the professional license for each manager/member)*

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>SSN</u>	<u>Capital \$</u>
-------------	--------------	----------------	------------	-------------------

Profession being practiced: ___Medicine ___Dentistry ___Chiropractor ___Law** ___Other: _____

****Attorney must provide Good Standing Certificate from the Appellate Division**

Please be advised that there is a publication requirement associated with all PLLC filings. PLLC's are required to publish notice of formation in two newspapers, within the county of formation, for six consecutive weeks. Please call for details.

To apply for a Tax ID Number 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: _____

Sales Tax Registration Continued....

The reason to apply for Sales Registration: (Please check)

☐ New business ☐ New location ☐ Acquiring existing business that is registered/required to register for sales tax
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"/> Formation Package (Most Professions)	\$515	<input type="checkbox"/> Formation Package (Attorney)	\$365
<input type="checkbox"/> Complete LLC Kit*	\$60	<input type="checkbox"/> Assumed Name (DBA)	\$225
<input type="checkbox"/> Certified Copy of Filing	\$80	<input type="checkbox"/> Seal* (supplemental)	\$35
<input type="checkbox"/> Good Standing Certificate	\$95	<input type="checkbox"/> Member Certificates* (supplemental)	\$39
<input type="checkbox"/> Tax ID Number	\$50	<input type="checkbox"/> CD with Minutes and Operating Agr.*	\$25
<input type="checkbox"/> Mandatory Publication - Call for Quote		<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.

Form **SS-4**

(Rev. July 2007)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number****(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)**

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

OMB No. 1545-0003

EIN

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 trustor		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"/> 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"/> Wholesale-agent/broker			
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
<input type="checkbox"/> Other (specify)			
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 ▶

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 7-2007)