



**ITAXEXPERTS.COM**

87 RIVERVIEW RD

JERSEY CITY, NJ 07305

Phone: 347-757-3636

Cell 201-965-5301

Fax: 212-537-0261

E-mail: tax@itaxexperts.com

# Authorization to Process Tax Liabilities

I / We \_\_\_\_\_, the authorized officer of the business, \_\_\_\_\_, give  
(Authorized Officer Name) (Business Name)

authorization to **ITAXEXPERTS.COM**, to process the following tax Liabilities and also pay those liabilities to the respective tax authorities using the business bank account on file.

Please check all applicable.

- All quarterly sales tax or any outstanding liabilities related to sales tax
- All payroll related liabilities.
- All corporation tax related liabilities
- Individual tax liabilities

## CONTACT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

## COMPANY INFORMATION

Name of Entity: \_\_\_\_\_

Type of Entity:

- Corporation
- S Corporation
- Partnership
- Single Member LLC
- Multi member LLC



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State of Formation: \_\_\_\_\_

EIN Number : \_\_\_\_\_

Date of Formation: \_\_\_\_\_ (mm/dd/yyyy)

Address: \_\_\_\_\_

Suite/Apt: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

*BANK INFORMATION*

ACCOUNT TITLE: \_\_\_\_\_

ROUTING NO. \_\_\_\_\_

BANK ACCOUNT NO. \_\_\_\_\_

I am willing to pay \$\_\_\_\_\_ to **ITAXEXPERTS.COM** (exclusive of federal State and county Fee).

^Please fill in Fee Amount as Mentioned in Fee Schedule. Or Fee Discussed with Accountant.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature & Date