



**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](mailto:tax@itaxexperts.com)

## Business Tax & Accounting Services

*Please complete the requested information below to subscribe our Tax and Accounting Services*

### CONTACT INFORMATION

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

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

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

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

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

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

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

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

### COMPANY INFORMATION

Type of Entity:

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

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

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

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

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

Selected Tax Year:

- Jan to Dec OR
- OTHER \_\_\_\_\_

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



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

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

SHAREHOLDER/OFFICERS/MEMBERS INFORMATION

*SHAREHOLDER 1*

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (999-99-9999)

Percentage of Ownership: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ (mm/dd/yyyy)

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

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

Phone, \_\_\_\_\_

Fax: \_\_\_\_\_

*SHAREHOLDER 2*

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (999-99-9999)

Percentage of Ownership: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ (mm/dd/yyyy)

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

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

Phone, \_\_\_\_\_

Fax: \_\_\_\_\_

*SHAREHOLDER 3*

Full Name: \_\_\_\_\_



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Social Security Number: \_\_\_\_\_ (999-99-9999)

Percentage of Ownership: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ (mm/dd/yyyy)

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

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

Phone, \_\_\_\_\_

Fax: \_\_\_\_\_

Services to subscribe:

- Book Keeping
- Accounting
- Account Receivables/Accounts Payables
- Bank Reconciliation
- Factor Reconciliation
- Income Tax
- Payroll Processing
- Payroll Tax
- Sales Tax
- Any other Service \_\_\_\_\_

Contract Starts

I Hire **ITAXEXPERTS.COM** for Above Services and Agree to Pay \$\_\_\_\_\_ \* Per Month.

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

\_\_\_\_\_  
Name

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