



## DBA / ASSUMED OR FICTITIOUS NAME FILING

*Please complete the requested information below for your Assumed Name filing.*

Type of entity (encircle One)

- Corporation
- S-Corporation
- Single Member LLC
- Multi Member LLC
- Partnership
- Sole proprietor

State of incorporation: \_\_\_\_\_

County: \_\_\_\_\_

Name of Entity(REAL NAME): \_\_\_\_\_

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

Business Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Contact Person (Shareholder): \_\_\_\_\_

Designation : \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone : \_\_\_\_\_

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

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



**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

Enter the assumed name that you would like to register:

---

Enter the address at which you plan to operate under this assumed name:

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

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

City \_\_\_\_\_

County: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize **ITAXEXPERTS.COM** to Apply for *Assumed Name filing (DBA)* and willing to pay \$\_\_\_\_\_ (exclusive of State and county Fee).

^Please fill in Fee Amount as Mentioned in Fee Schedule.

---

Name

---

Signature & Date



## CREDIT CARD AUTHORIZATION

I hereby authorize Syed Sajid to use the following credit card to pay fees and charges:

Card Type:

- VISA       Master Card       American Express       Discover

Name on the Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CC Expiration Date: \_\_\_\_\_ Security (CSV) Code: \_\_\_\_\_

CC Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

Notes:

---

---

---