



**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)

## FOREIGN CORPORATION

*Please complete the requested information below for your Foreign Corporation..*

### CONTACT INFORMATION

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

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

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

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

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

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

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

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

### COMPANY INFORMATION

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

Type of of Entity: (encircle one)

- Corporation
- S Corporation
- LLC
- LLP

Business Purpose:

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

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

Foreign State \_\_\_\_\_ (where you want to incorporate your company)

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

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

Selected Tax Year: \_\_\_\_\_ (December 31 for most taxpayers)



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

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

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

HOME REGISTERED AGENT INFORMATION

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

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

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)



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

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

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

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

I authorize ITAXEXPERTS.COM to Apply for Foreign Corporation and willing to pay \$ \_\_\_\_\_ \*

(Exclusive of State and county Fee).

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

\_\_\_\_\_

Name

\_\_\_\_\_

Signature & Date

## CREDIT CARD AUTHORIZATION

I hereby authorize ITAXEXPERTS.COM to use the following credit card to pay fees and charges:

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:

\_\_\_\_\_

\_\_\_\_\_