



## Sales Tax Vendor Identification Number

*Please complete the requested information below for your Sales Tax Vendor Identification Number.*

### CONTACT INFORMATION

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

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

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

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

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

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

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

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

### BUSINESS INFORMATION

Type of entity (encircle One)

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

State: \_\_\_\_\_ (state you are applying Sales Tax ID for?)

Is it a new business?

- Yes
- No

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

DBA/Trade Name (if any): \_\_\_\_\_

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

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



Date Business Planning to Start: \_\_\_\_\_ (it can be future date) (mm/dd/yyyy)

Estimated Monthly Gross Receipts/Sales: \$ \_\_\_\_\_

Employer ID Number: \_\_\_\_\_

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

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

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

Business Description: \_\_\_\_\_

Product/Service: \_\_\_\_\_

**BANK INFORMATION**

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

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, \_\_\_\_\_



**ITAXEXPERTS.COM**

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Cell 201-965-5301  
Fax: 212-537-0261  
E-mail: tax@itaxexperts.com

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: \_\_\_\_\_

*(Attach sheets if needed)*

I authorize **ITAXEXPERTS.COM** to Apply for Sales Tax Id Number and willing to pay \$\_\_\_\_\_ (exclusive of State and county Fee).

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

\_\_\_\_\_  
Name

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