



**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

## UNEMPLOYMENT INSURANCE APPLICATION

*Please complete the requested information below for your Unemployment Insurance.*

### CONTACT INFORMATION

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

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

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

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

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

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

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

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

### BUSINESS INFORMATION

Type of Entity:

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

State: \_\_\_\_\_

Is it a new business?

- Yes
- No

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



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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)

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

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

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

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

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

\_\_\_\_\_

Date Payroll to start: \_\_\_\_\_

Total No of Employees Covered : \_\_\_\_\_

SHAREHOLDER/OFFICERS/MEMBERS INFORMATION

*SHAREHOLDER 1*

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

Title: \_\_\_\_\_ (President, Vice President, Secretary, Treasurer, Owner, Member)

Driving License Number: \_\_\_\_\_ (if any)

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

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

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

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

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

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

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



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*SHAREHOLDER 2*

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

Title: \_\_\_\_\_ (President, Vice President, Secretary, Treasurer, Owner, Member)

Driving License Number: \_\_\_\_\_ (if any)

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

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

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

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

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

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

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

*SHAREHOLDER 3*

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

Title: \_\_\_\_\_ (President, Vice President, Secretary, Treasurer, Owner, Member)

Driving License Number: \_\_\_\_\_ (if any)

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

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

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

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

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

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

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



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I authorize ITAXEXPERTS.COM to Apply for *Unemployment Insurance* 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