

H1 TAX SERVICES CORP.

Established 2000

1700 Oak Tree Road, Suite 4 Edison, New Jersey 08820 Tel (732) 404 - 0800 Fax (732) 404 - 9800

NEW BUSINESS REGISTRATION FORM

© H1 TAX SERVICES CORP

THANK YOU FOR YOUR TRUST AND THE OPPORTUNITY TO BE A PART OF YOUR NEW BUSINESS VENTURE!

Please complete this form in order to receive your **FEDERAL EIN** and **STATE REGISTRATION CERTIFICATE**. These key documents enable you to begin official business activities, including signing contracts, establishing business bank and credit accounts and more. Our fee also includes tax egistration for your business, based on your responses below. The Registered Agent will receive all official correspondence from the government

registration for your business, based	d on your responses below. The Registered Agent will receive all official correspondence from the gov	ernment.
BUSINESS DETAILS		
DESIRED NAME OF BUSINESS		
BUSINESS ENTITY TYPE	S-CORPORATION C-CORPORATION LLC (NO S-CORP) LLC (WITH S-CORP S	STATUS)
CORPORATIONS: CHOOSE A SUFFIX	CORP INC NOTE: LLC's CAN ONLY HAVE "LLC" AS A SUI	FFIX
MAIN BUSINESS ADDRESS	STREET ADDRESS CITY STATE ZIP	
BUSINESS PURPOSE		
WILL YOU RUN PAYROLL, WHEN?	NO PAYROLL YES, FIRST PAYROLL WILL RUN BY (MM/YYYY):	
BUSINESS OWNER #1	NOTE – WE WILL NAME THIS PERSON REGISTERED AGENT FOR YOUR BUSINESS	
FIRST NAME	LAST NAME	MIDDLE
	I AM A US CITIZEN I AM ON H1-B VISA	
SSN (XXX-XX-XXXX)	DOB (MM/DD/YYYY) I HAVE A GREEN CARD I HAVE EAD OR HOLD L-1 V	'ISA
OWNER # 1's PERSONAL ADDRESS		
	STREET ADDRESS CITY STATE ZIP)
EMAIL ADDRESS & PHONE # (WILL NOT BE MADE PUBLIC)		
	EMAIL ADDRESS (FOR OUR USE ONLY) PHONE # (XXX) XXX-XXXX	
BUSINESS TITLE (CHOOSE ONE)	PRESIDENT CEO DIRECTOR MEMBERA	/OWNER
PERCENTAGE OF OWNERSHIP?	WHICH ADDRESS TO USE AS REGISTERED AGENT? USE MY BUSINESS AE USE MY PERSONAL A	
BUSINESS OWNER #2		
FIRST NAME	LAST NAME	MIDDLE
	I AM A US CITIZEN I AM ON H1-B VISA	
SSN (XXX-XX-XXXX)	DOB (MM/DD/YYYY) I HAVE A GREEN CARD I HAVE EAD OR HOLD L-1 V	'ISA
OWNER # 2's PERSONAL ADDRESS		
OWNER # 2 3 PERSONAL ADDRESS	STREET ADDRESS CITY STATE ZIP)
BUSINESS TITLE (CHOOSE ONE)	PRESIDENT VICE PRESIDENT CEO DIRECTOR MEMBER/	/OWNER
PERCENTAGE OF OWNERSHIP?	PLEASE NOTE: IF YOU ARE ESTABLISHING A S-CORP,	
LENGENTAGE OF OWNERSHIP!	% OF OWNERSHIP (1 – 99%) YOUR PARTNER MUST BE A US CITIZEN OR GC HOLDER AS	WELL
STATE FILING FEES	WE WILL USE YOUR BANK ACCOUNT OR CREDIT CARD TO DIRECTLY PAY STATE FILING F	FEES
HOW TO PAY STATE FILING FEES?	PAY BY CREDIT CARD, DETAILS GIVEN BELOW PAY BY ACH, DETAILS GIVEN FURHER BEL	LOW
CREDIT CARD DETAILS (MC OR VISA)	OWNER #1's CC	
	OWNER #2's CC CREDIT CARD # EXPIRES (MM/YY) CC	DDE (XXX)
REQUIRED: ACH INFORMATION	WE REQUEST PAYMENT FOR OUR 1-TIME REGISTRATION FEES BY ACH	
OWNER #1's BANK ACCOUNT		
OWNER #2's BANK ACCOUNT	NAME OF BANK ROUTING # ACCOUNTING #	
SIMPLE TERMS & AGREEMENT:	OUR 1-TIME FILING FEE IS SEPARATE FROM THE STATE'S 1-TIME REGISTRATION FEE	
H1 Tax Services Corp. (We) willWe will use your bank account of	y confirm your understanding that two (2) fees will take place in order to register your business: I charge your bank account \$595 to provide your business's FEIN, State Certificate and register for taxes or credit card to pay the 1-time registration fee that the State charges. (FYI – NJ charges \$128 for register sharing a formal request to pay H1 Tax Services Corp. to register your business entity as describe	istration)

• As the entity owner, it is your responsibility to maintain the status of your business as determined by the IRS and your State of registration

PLEASE SIGN OR TYPE YOUR NAME HERE

FEIN#

DATE (MM/DD/YYYY)

OFFICE USE ONLY

ST

STATE ID#

NAICS CODE