



CORPORATION / S-CORPORATION ORDER FORM

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BILLING INFORMATION

Firm Name (if applicable): _____
Contact Person: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Mobile Phone: _____ Fax: _____
E-mail: _____ Web: _____

SHIPPING INFORMATION

Shipping Method: ☐ USPS **-OR-** ☐ Fed-Ex: ☐ Express Saver ☐ 2-Day (included in package) ☐ Standard Overnight ☐ Priority Overnight

Firm Name (if applicable): _____
Contact Person: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

STATE OF FORMATION

The state where you would like your new company formed: _____
The county within this state where the principal office of the company will be located: _____

COMPANY NAME & PURPOSE

Provide up to three proposed company names in order of preference. Include a state approved corporate ending such as "**incorporated**", "**corporation**" or "**limited**" or an abbreviation such as, "**Inc.**", "**Corp.**" or "**Ltd.**" (**Note:** Your name will be formed **EXACTLY** as entered here)

1st Choice: _____
2nd Choice: _____
3rd Choice: _____

Provide a brief, **specific**, description of the proposed business activities: _____

SHARES AND PAR VALUE

- ☐ Standard: **200 Shares, No Par Value** (All Corporations are formed with 200 Shares, No Par Value, unless otherwise indicated below)
☐ Other: _____ Shares, \$ _____ Par Value (Shares and Par Value different from "standard" may result in a higher filing fee)

ADDRESSES

Principal/Physical office address of the company:

Address: _____ City: _____ State: _____ Zip: _____

Mailing address of the company: (complete only if different from "principal/physical" office address)

Address: _____ City: _____ State: _____ Zip: _____

Registered Agent (R/A): (Must be a resident person, or company, with a physical address in the state of formation)

- ☐ I want Accumera LLC to provide this service. ☐ Use my R/A details as follows:

Name: _____ (Must be a resident of the state of formation)
Address: _____ City: _____ State: _____ Zip: _____

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MANAGEMENT/OWNERSHIP (Use Page 3 to list additional names)

List the name, title and address of each **Corporate Officer**: (For "Title" check all that apply)

1st	Name: _____	Title: <input type="checkbox"/> Pres. <input type="checkbox"/> V. Pres. <input type="checkbox"/> Sec. <input type="checkbox"/> Treas. <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____
2nd	Name: _____	Title: <input type="checkbox"/> Pres. <input type="checkbox"/> V. Pres. <input type="checkbox"/> Sec. <input type="checkbox"/> Treas. <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____

List the name and address of each **Corporate Director**:

1st	Name: _____	City: _____ State: _____ Zip: _____
	Address: _____	
2nd	Name: _____	City: _____ State: _____ Zip: _____
	Address: _____	

List the name, # of shares owned, \$ amount paid for shares and address of each **Shareholder**:

1st	Name: _____	# of Shares: _____	\$ Amount paid: _____
	Address: _____	City: _____ State: _____ Zip: _____	
2nd	Name: _____	# of Shares: _____	\$ Amount paid: _____
	Address: _____	City: _____ State: _____ Zip: _____	

FORMATION PACKAGE AND ADDITIONAL OPTIONS

Choose Formation Package: (Call us or visit www.accumera.com for our package fees)

<input type="checkbox"/> Economy Package	<input type="checkbox"/> Value Package	<input type="checkbox"/> Premium Package - (Complete Page 3)
⇒ Unlimited phone support & company name search	⇒ All Items From Economy Package plus...	⇒ All Items From Value Package plus...
⇒ 24-Hour order processing	⇒ Expedited state filing fees (if applicable)	⇒ Certified copy of your formation document ordered on an expedited basis
⇒ Professional preparation and review of documents	⇒ Corporate Kit (Includes: 3-ring Binder with 265 sheet capacity, gold detailing and matching slipcase)	⇒ Preparation of the SS-4 application and obtain federal tax ID number (EIN)
⇒ Electronic or paper submission of filing	⇒ Customized folding 1-5/8" Corporate Seal	⇒ Preprinted minutes and bylaws
⇒ Fed-Ex shipping to/from state (if applicable)	⇒ 20 Stock Certificates printed on high quality, 24lb paper, with watermark and copy protection	⇒ Preprinted stock certificates and stubs
⇒ All state formation filing fees	⇒ Stock transfer ledger	⇒ Preprinted stock transfer ledger
⇒ 2 Stock Certificates with stubs and Stock Ledger	⇒ Corporate minutes and bylaws on CD in .PDF format	⇒ Corporate minutes and bylaws on CD in "fully editable" .WORD format
⇒ E-mail confirmation of filing and delivery of formation documents	⇒ Fed-Ex ground shipping of corporate kit	
⇒ Fed-Ex 2-day shipping of original documents		

Choose Additional Options:

<input type="checkbox"/> Expedite my request with the filing agency**	<input type="checkbox"/> File mandatory initial report (Required in AK, CA, CT, GA, LA, MO, NM and WA)
<input type="checkbox"/> Certified copy of your formation document*	<input type="checkbox"/> Mandatory publication requirement (Required in AZ, GA, NE and PA)
<input type="checkbox"/> Certificate of good standing	
<input type="checkbox"/> Obtain federal tax ID number (EIN)* - Complete Page 3	
<input type="checkbox"/> Prep. of state and federal S-Corp. Election - Complete Page 3	
<input type="checkbox"/> Corp min. and bylaws on CD in "fully editable" .WORD format*	
<input type="checkbox"/> Preprinted min. and bylaws*	
<input type="checkbox"/> Preprinted stock certificates, stubs and transfer ledger*	
<input type="checkbox"/> Annual registered agent services	
<input type="checkbox"/> BUSINESS LICENSE RESEARCH PACKAGE (Includes forms, instructions & agency contact info)	

*Included in "Premium" Package

**Included in "Value" and "Premium" Packages

PAYMENT

Payment Authorization: By submitting this form I authorize Accumera LLC to take payment for the services requested via the following payment method. Payments can be made by **eCheck, Visa, MasterCard, AMEX, Discover and wire transfer.**

☐ Use my payment method already on file
☐ Email me an invoice for the services requested and I will make a payment online at <https://payments.accumera.com>

First Name/Last Name: _____ Signature: _____

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USE THIS PAGE TO REPORT ADDITIONAL MANAGEMENT/OWNERSHIP, EIN AND S-CORPORATION INFORMATION

ADDITIONAL MANAGEMENT/OWNERSHIP (Attach additional pages if necessary)

List the name, title and address of each Corporate Officer: (For "Title" check all that apply)

3rd	Name: _____	Title: <input type="checkbox"/> Pres. <input type="checkbox"/> V. Pres. <input type="checkbox"/> Sec. <input type="checkbox"/> Treas. <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____
4th	Name: _____	Title: <input type="checkbox"/> Pres. <input type="checkbox"/> V. Pres. <input type="checkbox"/> Sec. <input type="checkbox"/> Treas. <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____
5th	Name: _____	Title: <input type="checkbox"/> Pres. <input type="checkbox"/> V. Pres. <input type="checkbox"/> Sec. <input type="checkbox"/> Treas. <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____

List the name and address of each Corporate Director:

3rd	Name: _____	
	Address: _____	City: _____ State: _____ Zip: _____
4th	Name: _____	
	Address: _____	City: _____ State: _____ Zip: _____
5th	Name: _____	
	Address: _____	City: _____ State: _____ Zip: _____

List the name, # of shares owned, \$ amount paid for shares and address of each Shareholder:

3rd	Name: _____	# of Shares: _____	\$ Amount paid: _____
	Address: _____	City: _____ State: _____ Zip: _____	
4th	Name: _____	# of Shares: _____	\$ Amount paid: _____
	Address: _____	City: _____ State: _____ Zip: _____	
5th	Name: _____	# of Shares: _____	\$ Amount paid: _____
	Address: _____	City: _____ State: _____ Zip: _____	

EIN AND S-CORPORATION INFORMATION

Provide the following information so we can obtain your Federal Tax Identification Number (EIN) and prepare your S-Corp. election.

Name and SSN/EIN of the "responsible party" to be listed with the IRS: _____

X	X	X
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X	X
---	---

 -

X	X	X	X
---	---	---	---

SSN of each Shareholder:

1st

X	X	X
---	---	---

 -

X	X
---	---

 -

X	X	X	X
---	---	---	---

2nd

X	X	X
---	---	---

 -

X	X
---	---

 -

X	X	X	X
---	---	---	---

3rd

X	X	X
---	---	---

 -

X	X
---	---

 -

X	X	X	X
---	---	---	---

(Only provide these SSN's if Electing S-Corp. Status)

4th

X	X	X
---	---	---

 -

X	X
---	---

 -

X	X	X	X
---	---	---	---

5th

X	X	X
---	---	---

 -

X	X
---	---

 -

X	X	X	X
---	---	---	---

For security, call to provide SSN's

Phone # to list with tax department: _____

Fax # to list with tax department, if any: _____

E-mail to list with tax department: _____

Will the Corporation apply for S-Corp Tax Status? ☐ Yes ☐ No

Financial year end date: (ex. 12/31) _____

Expected Number of Employees, if any: _____

If the company has employees, does it expect to pay \$4,000 or less in total wages? ☐ Yes ☐ No

If the company has employees, what is the expected date that wages will be paid to employees? (MM/DD/YY) _____

Please call, (888) 467-1289, with any questions. We will contact you for any additional required information. Thank you!