



PROFESSIONAL CORPORATION (PC) ORDER FORM

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(518) 937-9117 • (888) 467-1289 **toll free** • (518) 937-9128 **fax**
info@accumera.com • www.accumera.com

BILLING INFORMATION

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

SHIPPING INFORMATION (complete only if different from "billing information")

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. Be sure to include a state approved corporate ending such as "Professional Corporation" or "Professional Association" or an abbreviation of one of such words, "P.C." or "P.A."
(Note: Your name will be formed **EXACTLY** as entered here)

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

Licensed Profession to be practiced: Medicine Dentistry Physical Therapy Accountancy Law Other: _____

*****Note: Provide copies of all State Licenses and Board Certifications for the persons licensed to practice such profession*****

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): (Optional for New York Professional Corporations)

I want Accumera LLC to provide this service. Use my R/A details as follows: (Must be a physical address in the state of formation)

Name: _____ (Must be a resident of the state of formation)

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

PROFESSIONAL CORPORATION (PC) ORDER FORM - PAGE 2

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

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

1st Name: _____ License # _____ Title: Pres. Vice Pres. Sec. Treas.
 Address: _____ City: _____ State: _____ Zip: _____

2nd Name: _____ License # _____ Title: Pres. Vice Pres. Sec. Treas.
 Address: _____ City: _____ State: _____ Zip: _____

List the name, license # and address of each Corporate Director:

1st Name: _____ License # _____
 Address: _____ City: _____ State: _____ Zip: _____

2nd Name: _____ License # _____
 Address: _____ City: _____ State: _____ Zip: _____

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

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

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

FORMATION PACKAGE AND ADDITIONAL OPTIONS

Choose Formation Package: *(Call us for our package fees)*

<input type="checkbox"/> <u>Economy Package</u>	<input type="checkbox"/> <u>Value Package</u>	<input type="checkbox"/> <u>Premium Package - (Complete Page 3)</u>
⇒ Unlimited phone support & 24Hr. Order Processing	⇒ All Items From Economy Package plus...	⇒ All Items From Value Package plus...
⇒ Company name search	⇒ Expedited state filing fees	⇒ Certified copy of your formation document ordered on an expedited basis
⇒ Any required professional consents	⇒ 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)
⇒ Professional preparation and review of documents	⇒ Customized folding 1-5/8" Corporate Seal	⇒ Preprinted minutes and bylaws
⇒ Electronic or paper submission of filing	⇒ 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	⇒ PC Corporate minutes and bylaws emailed in .PDF format	⇒ PC Corporate minutes and bylaws emailed in "fully editable".WORD format
⇒ E-mail confirmation of filing and delivery of formation documents	⇒ Fed-Ex 2-day shipping of original documents	
⇒ Fed-Ex 2-day shipping of original documents	⇒ Fed-Ex ground shipping of corporate kit	

Choose Additional Options:

- Certificate of good standing ordered on an expedited basis *(May be required if you will file an authority into another state)*
- Certified copy of your formation document ordered on an expedited basis*
- Obtain federal tax ID number (EIN)* - **Complete Page 3**
- Preparation of state and federal **S-Corp. Election** *(Includes obtaining federal tax ID number) - Complete Page 3*
- Mandatory publication requirement *(Required in Arizona, Georgia, Nebraska and Pennsylvania)*
- Preprinted minutes and bylaws*
- Preprinted stock certificates, stubs and transfer ledger*
- Annual registered agent services **Included in "Premium Package"*

PAYMENT

Visa MasterCard American Express Discover Card Number:

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 Check or Money Order (Enclosed) Expiration Date: (Month/Year)

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 Verification Code:

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

Cardholder Name (First/Last): _____ Cardholder Signature: _____

Credit Card Authorization By Submitting this form I authorize Accumera LLC to charge my credit card for the services requested.

PROFESSIONAL CORPORATION (PC) ORDER FORM - PAGE 3

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

ADDITIONAL MANAGEMENT/OWNERSHIP *(Attach additional pages if necessary)*

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

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

List the name, license # and address of each **Corporate Director**:

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

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

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

SSN of each Shareholder: **1st** - - **2nd** - - **3rd** - -
(Only provide these SSN's if Electing S-Corp. Status) **4th** - - **5th** - -

Phone # to list with tax department: _____

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

E-mail to list with tax department: _____

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? _____

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