



**ROSS & ASSOCIATES BUSINESS FORMATION AND FILINGS®**

Your Business Success Is Our First Priority

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## EMPLOYER IDENTIFICATION NUMBER (EIN) ORDER FORM

Entity Filing State:

Taxation Type:

Sole Proprietorship

Single Member LLC

Multi-Member LLC

Partnership

Corporation

S-Corporation

### IRS CONTACT INFORMATION (IF DIFFERENT FROM PARTNER)

Name:

Phone:

### COMPANY INFORMATION

Company Name:

Business Description:

Date of Filing:

### BUSINESS ADDRESS

Business address 1:

Business address 2:

City:

State:

Zip:

**All services are performed via remote online for your convenience**

**MAILING ADDRESS (IF DIFFERENT FROM THE BUSINESS ADDRESS):**

Business address 1:

Business address 2:

City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>

**TAX ID NUMBER (EIN) INFORMATION**

Name of Responsible Party:

Social Security #:

Will the business have employees?

If yes, how many?

**NOTES AND/OR COMMENTS**