



EMPLOYER TAX REGISTRAION ORDER FORM

BUSINESS INFORMATION

Legal Business Name:

Entity Type:

- C-Corporation S-Corporation Non-Profit LLC DBA

If LLC, provide tax type:

- Sole Proprietorship Partnership S-Corporation C-Corporation

If LLC, provide structure:

- Member-Managed (most popular) Manager-Managed

Domestic State:

Formation Date:

Entity File # (Optional):

EIN:

Desired Registration State(s):

Do you have an online state tax account? If so, please provide credentials:

Username:

Password:

COMPANY INFORMATION

Business Address:

Mailing Address:

Business Description:

Fiscal Year End:

- Standard Calendar Year (End Dec-31) Non-Calendar Fiscal year

Does your Entity operate under any other business names? If yes, please provide:

COMPANY INFORMATION

Responsible Party Type:

Individual Entity

Name of Individual/Entity:

Responsible Party Title:

Managing Member (Owner & Manager) Member Only (Owner Only)
 Manager Only (No Ownership) President Vice President Secretary Treasurer

Percentage of Ownership:

Street Address:

City:

State:

Zip:

Date of Birth:

Social Security Number/EIN:

Phone Number:

Email:

BUSINESS INFORMATION

Employee Name:

Employee Address*:

Responsible Party Type:

Home Office Business Office Service Center Warehouse

Number of Employees:

Date First Hired Employee:

Date of First Payroll:

Approximate Amount of First Payroll:

Date Payroll Reached \$1500: