



Phone : (856) 258-7800 Fax: (856) 258-7858

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www.sikkaandassociates.com

NEW CORPORATION INFORMATION

1. TODAY'S DATE: _____

2. CONTACT NAME: _____

3. TELEPHONE #: _____ FAX #: _____

5. EMAIL ADDRESS: _____

6. 3 CHOICES FOR THE NAME OF THE COMPANY:

1. _____

2. _____

3. _____

7. DBA/TRADE NAME: _____

8. BUSINESS ADDRESS: _____

9. COUNTY OF THE BUSINESS: _____

10. MAILING ADDRESS: IS IT THE SAME AS ABOVE Y/N?
IF NO, GIVE THE MAILING ADDRESS _____

11. TYPE OF ENTITY: S CORP LLC C CORP SOLE PROPRIETOR

12. TYPE OF BUSINESS: _____

13. HOW MANY PARTNERS WILL THERE BE? _____

14. PARTNERS INFO:

PARTNER 1: NAME: _____

SSN: _____

ADDRESS: _____

PARTNER 2: NAME: _____

SSN: _____

ADDRESS: _____

PARTNER 3: NAME: _____

SSN: _____

ADDRESS: _____

15. TO APPLY: STATE INCORPORATION: _____ EIN: _____

STATE REGISTRATION: _____

LICENSES TO APPLY: _____

16. TENTATIVE START DATE OF THE BUSINESS: _____

17. TENTATIVE START DATE OF THE PAYROLL: _____

18. DATE RECEIVED: _____

19. DATE FILED: _____

20. FEES PAYABLE TO **“Sikka & Associates”**: \$550

INVOICED: _____ PAID: _____

I would like to request **Sikka & Associates to incorporate above name and apply for my EIN with IRS.**

Name of applicant _____

Signature: _____ Date _____