



WORLDWIDE TAX SERVICES, INC
CONVENIENT · AFFORDABLE · ACCURATE

I. Business Organization: (*check one*) Limited Liability Company Corporation C or S Partnership

Name of business: _____ (*name will be checked for availability*)

Resident agent name: _____ (*typically the owner in charge of records*)

Business address: _____ (*do not enter P.O. boxes*)

Mailing address: _____ (*if differs, can use P.O. boxes*)

Primary product(s) or service(s) for the business: _____

Contact phone number: _____

Members/Owners/Partners of the Organization: (*LLC-members, Corporation-owners, Partnership-partners*)

II. Employer Identification Number (EIN): (*State must approve name before submitting this request*)

Are you requesting an EIN number for this Organization? Yes No

Name of Member/Owner/Partner responsible for filing: _____

For purposes of filing with the IRS, social security information is needed for above name: _____

Date business started: _____ Closing month of accounting: _____

Will you pay wages? Yes No If yes, first date wages will be paid: _____

Highest number of employees expected in next 12 months? _____

Have you ever applied for an EIN for this or another business? Yes No

If yes, please provide the legal name of the business _____ and the
 approximate date when filed _____ City and State where filed _____ and
 previous EIN no. _____ Signature _____

Do you authorize World Wide Tax Services to act as a third party designee? Yes No
 (*Yes, authorizes WWTS to receive this entity's EIN and answer questions about the completion of this form if needed*)

You will be contacted after the completion of the filing of the Articles of Incorporation/Organization and EIN, if requested

Fee: \$150 (\$50 State of Michigan Organization Filing Fee) (\$100 World Wide Tax Services, Inc Fee)

Fee: \$160 (\$60 State of Michigan Incorporation Filing Fee) (\$100 World Wide Tax Services, Inc Fee)

Please make check or money orders payable to *World Wide Tax Services* for the total amount due