

BUSINESS CONTACT INFO	
Legal Business Name: (as listed on your incorporation documents)	
Business Purpose/Description: (Please be concise)	
Physical Business Address:(#, street, city, state + zip code)	
Mailing Address: (if different)	
Primary Contact Person:	
Telephone #:	
Email Address:	
Formation / Incorporation Documents: (please upload certificate of formation from NJ Secretary of State)	
Tax ID# (EIN#) (please upload CP575 letter from IRS)	
NJ PIN#: (please upload copy of pin letter from NJ Gross Income Tax or Sale Tax Certificate)	
Entity Type: (C Corp, S Corp, Single Member LLC, Partnership)	
Fiscal year if not 12/31:	
S-Corporation Election Date (if applicable) (please upload copy of IRS and NJ S Corp acceptance letter)	
OWNERSHIP % (please duplicate for multiple owners)	
First, Middle , + Last Name:	
Social Security #:	
Date of Birth:	
Home Address: (#, street, city, state + zip code)	
Cell phone #:	
Email Address:	
Percentage Ownership %:	
Title or Role of Owner :	
<u>Passive</u> investor or <u>Actively</u> working in the business?	
ANY OTHER IMPORTANT INFORMATION OR NOTES?	