



# INCORPORATION WORKSHEET FOR ORGANIZING A PENNSYLVANIA BUSINESS OR PROFESSIONAL CORPORATION

FAX: 215-977-9386 or 888-977-9386 (OUTSIDE 215 AREA CODE)

E-Mail: [order@mburrkeim.com](mailto:order@mburrkeim.com)

CALL: 215-563-8113 or 800-533-8113 (OUTSIDE 215 AREA CODE)

Attorney Name:

Firm Name:

Address:

Phone Number:

FAX # or Email:

(We will FAX or Email the filed Articles of Incorporation at no additional charge)

BUSINESS

PROFESSIONAL

Proposed Name of Corporation and Alternate Choices:

Address of Registered Office (P.O. Box Not Acceptable):

Name and Address of Individual to Receive Tax Reports (May Be P.O. Box):

Brief Statement of Purpose (for Docketing Statement):

Number of Authorized Shares: \_\_\_\_\_ Par Value: \_\_\_\_\_ No Par: \_\_\_\_\_ No Reference to Par: \_\_\_\_\_

Incorporator(s) Name(s) and Address(es):

or M. BURR KEIM COMPANY to Provide

Fiscal Year Ending: December 31 or the Last Day of \_\_\_\_\_

\* If you would like to have us prepare the bylaws, complete the organization minutes and issue the stock (additional \$30.00 fee) please complete this section.

OFFICERS		DIRECTOR YES OR NO	# OF SHARES TO BE ISSUED	CONSIDERATION TO BE PAID
President:				
Vice President:				
Treasurer:				
Secretary:				
S Election: <input type="checkbox"/> YES <input type="checkbox"/> NO		IS TRANSFER OF SHARES TO BE RESTRICTED? <input type="checkbox"/> Yes <input type="checkbox"/> No If So: 1. Pursuant to Bylaws? _____ 2. Agreement Among Shareholders? _____ 3. In Accordance With Articles of Incorporation? _____		

If you would like to have us obtain a Federal Employer Identification Number (FEIN) please complete this section (Our fee for this service is \$50.00).

Legal name of the responsible person: _____ Social security number: _____ Street address: _____ City: _____ State: _____ Zip code: _____ Phone #: _____ C Corporation: _____ S Corporation: _____	Does the entity have/expect to have employees who will receive forms W-2 in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If Yes:</b> When will the entity begin paying wages? ____/____ (mm/yr)  Does the entity expect to pay less than \$4,000 in total wages during the next calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FEE SCHEDULE	
PA State Filing Fee	\$125.00
Basic Service Fee	\$145.00*
Name Availability Fee	\$10.00
ADVERTISING (Estimated Costs:)	
Allegheny County	\$175.00
Philadelphia County	\$276.00
Montgomery County	\$165.00
Bucks County	\$140.00
Chester County	\$145.00
Delaware County	\$200.00
(OTHER COUNTIES PLEASE CALL)	
Corporation Outfit Approx:	\$85.00

Please send my usual corporate outfit \_\_\_\_\_

Please send corporate outfit # \_\_\_\_\_