

**INCORPORATION WORKSHEET FOR ORGANIZING A  
NEW JERSEY BUSINESS OR PROFESSIONAL CORPORATION**

FAX: 215-977-9386 or 888-977-9386 (OUTSIDE 215 AREA CODE)  
OR CALL: 215-563-8113 or 800-533-8113 (OUTSIDE 215 AREA CODE)

Attorney Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX # or E-mail: \_\_\_\_\_

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

ORDERS RECEIVED BEFORE 2:00 PM WILL BE  
SUBMITTED FOR FILING THE SAME DAY

FEE SCHEDULE	
NJ State Expedited Filing Fee	\$140.00
Basic Service Fee	\$80.00*
Name Availability Fee**	\$20.00
Corporation Outfit Approx:	\$85.00
**State name check fee will be \$5 or \$10 higher if we have to use a 2nd or 3rd choice.	

BUSINESS

PROFESSIONAL

Proposed Name of Corporation and Alternate Choices: \_\_\_\_\_

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

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

Name and Address of Registered Agent (P.O. Box Not Acceptable): \_\_\_\_\_

Brief statement of purpose (for Professional Service Corporations only): \_\_\_\_\_

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

\*Must list at least one director

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

or M. BURR KEIM COMPANY to Provide

\* If you would like to have us prepare the bylaws, complete the organization minutes and issue the stock (additional \$55.00 fee) please complete this section.

INITIAL DIRECTORS (Names & Addresses)	OFFICER TITLE	# OF SHARES TO BE ISSUED	CONSIDERATION TO BE PAID
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. By Agreement Among Shareholders? _____ 3. In Accordance With Certificate 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 \$55.00).

Legal name of the responsible person: _____ Social security number: _____ Street address: _____ City: _____ State: _____ Zip code: _____ Phone #: _____ C Corporation: _____ S Corporation: _____ Purpose (Type of Business): _____	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 \$5,000 in total wages during the next calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No
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