



INCORPORATION WORKSHEET FOR ORGANIZING A PENNSYLVANIA NONPROFIT CORPORATION

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

E-Mail: 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)

Proposed Name of Corporation and Alternate Choices:

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

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

Statement of Purpose:

Will the Corporation Make a 501(c)(3) Election with the I.R.S.? Yes No

Will the Corporation Have Members? Yes No

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 and complete the organization minutes (**additional \$30.00 fee**) please complete this section.

| FEE SCHEDULE | |
|-------------------------------------|-----------|
| PA State Filing Fee | \$125.00 |
| Basic Service Fee | \$145.00* |
| Name Availability Fee | \$10.00 |
| ADVERTISING: | |
| Philadelphia County (Approx.) | \$276.00 |
| Montgomery County (Approx.) | \$165.00 |
| Bucks County (Approx.) | \$140.00 |
| Chester County (Approx.) | \$145.00 |
| Delaware County (Approx.) | \$200.00 |
| (OTHER COUNTIES PLEASE CALL) | |
| Corporation Outfit Approx: | \$75.00 |

Please send my usual corporate outfit _____

Please send corporate outfit # _____

Please include membership certificates (add \$19.75)

| OFFICERS | DIRECTOR: YES OR NO |
|-----------------|---------------------|
| President: | |
| Vice President: | |
| Treasurer: | |
| Secretary: | |
| | |
| | |

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 #: _____ | 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 If Yes: 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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