FAXCORP ®

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
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)

FEE SCHEDULE	
PA State Filing Fee	$125.00
Basic Service Fee	$155.00
ADVERTISING (Estimated Costs:)	
Allegheny County	$175.00
Philadelphia County	$276.00
Montgomery County	$175.00
Bucks County	$155.00
Chester County	$155.00
Delaware County	$200.00
(OTHER COUNTIES PLEASE CALL)	
Corporation Outfit Approx:	$85.00

☐ 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):

Please send my usual corporate outfit _____

Please send corporate outfit # _____

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 $35.00 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: ☐ YES ☐ NO	IS TRANSFER OF SHARES TO BE RESTRICTED? ☐ Yes ☐ 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 $75.00)**.

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? ☐ Yes ☐ 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? ☐ Yes ☐ No

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