TaxRaja Management Associates, LLC

--www.TaxRaja.com; Email: info@taxraja.com--

Business Tax Filing Information & Authorization

Company Information:

Company Address:		EIN (Tax ID)#:			
					Company Phone: Fax:
Business Type (chose one): () "C" Corporation; () "S" Corporation	on; () LLC; () LLP; () General Partnership; () Sole Proprieto	orship;	
Date Established:	State & County of Incor	poration/Registration:			
Major Activities of Business:					
Responsible Officer Information (person w	ho signs the tax return	<u>)</u> :			
Name:	ne:		Position/Title:		
ddress:		Officer's SS#:			
Office Phone: Cell Phone:	Cell Phone:		eMail:		
Shareholder/LLC Member/Partner Info	rmation:				
Name and Address	Title	SS (ITIN) #	% of Interest	Citizen Country	
1.			Interest	Country	
2.					
3.					
4.					
Please write on the back of this page if more than 4 items	*	nat).			
Services: [Engagement agreement is required for detail () Income Tax; () Sales Tax; () Payroll Tax () Transcript; () IRS Inquiry; () State Inquiry;	x; () MCTMT Tax; () Bo			·FS;	
•	•				
Other Information (if you need more space pleas Please specify any information you want to inform us about	se use the back side of t	this form or other piece	e of paper):		
Trease specify any information you want to inform us ab-	out the business.				
Please Read and Sign Below: Note: Please provide complete list of income, expense, and other f please keep in file. If you want to determine whether or not deduct identify so that we can do research and advice accordingly. Please applicable law. We are not auditing or verifying source of your inferinformation while filing your tax return. Again, we don't keep you	ible expenses please provi keep your detail informati ormation besides doing so	de us invoices & receipts for on with you up to 5 years of me limited bookkeeping so	or expenses you or in accordance that we truly be	want to with	
The information provided to file the tax return or preparing Fi knowledge. I here by authorize TaxRaja Management Associat and/or prepare financial statements.					
		Full Name:			
Responsible Officer Signature Date:		tion:			