

LLC/LP TAX WORKSHEET

Company Name: _____

File Number: _____

Record ID Number (if known): _____

Instructions: Complete this worksheet in full and return to our office via fax, email or mail with payment of **\$349.**

| Payment | | |
|---------------------|--|------|
| Payment Method: | <input type="checkbox"/> Check for \$349 (Company, Personal, or Cashier's drawn on a U.S. bank and made payable to Harvard Business Services, Inc.) Mail with this worksheet to insure credit to this company. | |
| | <input type="checkbox"/> Wire Transfer (Phone, Fax or Email for Current Instructions) | |
| | <input type="checkbox"/> Credit Card Type: <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover | |
| Credit Card Number: | Name On Card: | |
| Print Name on Card: | Exp. Date: | CVV: |

| Credit Card Authorization Statement: | | |
|--|--------|-------|
| By signing below, I authorize Harvard Business Services, Inc. to charge my credit card and complete my electronic payment of \$349 (includes Delaware franchise tax plus HBS Franchise Tax Service Fee). | | |
| All of the information I have provided on this form is true and correct. By signing below, I authorize Harvard Business Services, Inc. to complete my electronic filing. I understand that if I owe more than the amount specified above, HBS will contact me to obtain additional payment instructions before submitting any amount to the State of Delaware. A service processing fee of \$10 will be charged to all refunded order requests. No refunds will be issued once the filing has been submitted to the state of Delaware. | | |
| Signature: | Title: | Date: |

Please complete the below fields **ONLY** if your contact details have changed:

| Contact Information (Person Authorized to Receive Communication from HBS) | | | | |
|---|-------------------|-----------------|--|--|
| Name: | | Business Email: | | |
| Business Phone: | | Business Fax: | | |
| Position: <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Employee <input type="checkbox"/> Designated Agent | | | | |
| Complete Physical Business Address (No PO Box): | | | | |
| City: | | State: | Zip: | |
| Toll Free Phone Line | Direct Phone Line | Fax Line | Email Franchise Tax Dept | File Franchise Tax Online |
| 1-800-345-2677 | 1-302-645-7400 | 1-302-645-1280 | franchisetax@delawareinc.com | www.delawareinc.com/payft |