

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