

SERVICO, INC.
P.O. BOX 871
ALBANY, NY 12201
TEL # 518-463-4179 FAX# 518-463-3752

PC WORKSHEET - CERTIFIED PUBLIC ACCOUNTANCY

NAME OF CORPORATION:

PROFESSION: Certified Public Accountant

NAME, LICENSE # AND ADDRESS FOR EACH PROFESSIONAL (shareholder):

COUNTY in NY WHERE PRINCIPAL OFFICE IS LOCATED: _____

SERVICE OF PROCESS ADDRESS:

STOCK STRUCTURE (if other than 200 no par value): _____

FEES:

Servico, Prepare & File	\$ 95.00
Servico, obtain Education consent	\$ 75.00
Servico, fee to obtain certified copy to refile	\$ 15.00
Servico, Administrative Handling	\$ 5.00
NYS Dept. of State filing fee	\$170.00
Dept. of Education fee	\$ 90.00
Corporate Kit:	\$ 75.00
Shipping (UPS)	\$ 8.50
Sales Tax: (Calculate local sales tax on the c/copy, Kit, and shipping charges)	
Total:	

*There is an additional fee payable to the NYS Dept. of Education, State Board for Public Accountancy - this fee is based on the information provided by the Accountant. The State Board for Public Accountancy also requires the 6R-PC form to be completed by the professional - *the additional fee is calculated on this form, we will provide the form, which we will file after the Certificate of Incorporation is filed by the NY Dept. of State, and the certified copy of the filing is received by our office.

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Your Name: _____

Your Firm: _____

Billing/Mailing Address: _____

Your Phone #: _____ Your Fax #: _____

Let This Letter Serve as My Authorization to Charge My Amex/MC/Visa (Initial Here) _____

Card # _____ Expires _____

IN THE AMOUNT OF ** _____

Print Name and Complete Billing Address on Credit Card:

** Please note: This fee is an estimate only. It is possible to incur additional disbursements in order to complete this order. If so the additional fees will be charged to this credit card.