

## Worksheet for Preparation/Filing of NY Change/Amendment of DBA

Date: \_\_\_\_\_

1. Name of Entity: \_\_\_\_\_
  - a. Original Name (if previously amended): \_\_\_\_\_
2. Present assumed name: \_\_\_\_\_
3. Date of filing of the original assumed name: \_\_\_\_\_
4. Designate what is being changed:
  - a. New Assumed Name (if applicable):  
\_\_\_\_\_
  - b. Change of Address (if applicable):  
\_\_\_\_\_
  - c. New County Designation (if applicable):  
\_\_\_\_\_
5. Name and Title of Person Authorizing Change:  
\_\_\_\_\_

Prepare and File:	\$ 75.00
Disbursement to Dept. of State (filing)	\$ 25.00
** If this business Location of the Assumed Name is in NY, Queens, Kings, Bronx, or Richmond the fee is \$100.00 for each of these counties**	
State Rush Handling	\$ 25.00
Certified Copy	\$ 10.00
Administrative Handling	\$ 5.00
Total:	\$ 140.00**

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Firm / Business Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_

Address for delivery of Corporate Documents:  
\_\_\_\_\_

Let this letter serve as my authorization to charge Amex/MC/Visa (*Initial Here*) \_\_\_\_\_

Card #: \_\_\_\_\_ Expires: \_\_\_\_\_

IN THE AMOUNT OF: \_\_\_\_\_

Print Name of Card Holder: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_