

**NYS CERTIFICATE OF DISSOLUTION OF CORPORATION**

DATE: \_\_\_\_\_

1. Name of Corporation: \_\_\_\_\_
2. EIN Number (required): \_\_\_\_\_
3. Authorizing Person and Title: \_\_\_\_\_
4. Name, Title and Address for All Officers/Directors:  
*(attach additional sheet(s) if necessary)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Address for Delivery of Legal Documents:  
\_\_\_\_\_

**COST OF SERVICE**

Preparation and Submission: \$105.00

NYS Filing Fees: \$60.00

Administrative Fees: \$10.00

TOTAL: \$175

*The Client is required to provide RCSG with a Power of Attorney (POA) to handle tax issues/ consent. A POA form can be downloaded with the worksheet and emailed or faxed to us. We will also need the original tax return(s) and any payment for outstanding tax years, as well as the final tax payment. (Taxes must be paid through the end of the month in which you are requesting dissolution.)*

**CREDIT CARD PAYMENT**

Card No: \_\_\_\_\_ Exp: \_\_\_\_\_ Code: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Cardholder Signature: X \_\_\_\_\_

*Please note: The fee above is an estimate only. It is possible to incur additional disbursements to complete this order. If there are additional fees, they will be applied to this credit card.*

