



WALTERS & ASSOCIATES
— CPAs —
CERTIFIED PUBLIC ACCOUNTANTS

S-Corp Form 2553 Information Request

Please provide the following company information:

Company Name	
Contact Person	
Company Street Address	
City, ST and Zip	
Email address	
Phone	
Fax	
Employer ID Number	
Date Incorporated	
State of Corporation	
Name and Title of Officer <small>(or legal representative who the IRS may contact if needed.)</small>	
Above Named Officer's Phone	
Email address	

Walters & Associates email: dwalterscpa@gmail.com | Main: 941-756-0700 | Fax: 727-279-2851

Please provide the requested information for each Shareholder:

Name of Shareholder/Officer	Full Address (Street, City, ST and Zip)	Phone	Number of shares or percentage of ownership	Social Security Number	Email Address	Office Held (if applicable)

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