

Worksheet for Preparation/Filing of NY Discontinuance of a DBA

Date: _____

1. Legal Name of Entity: _____

2. Assumed Name: _____

3. Date of filing of the Assumed Name: _____

4. Name and Title of Person Authorizing Change:

5. Reason for Discontinuing:

Prepare and File:	\$ 95.00
Disbursement to Dept. of State (filing)	\$ 85.00
Administrative Handling	\$ 5.00
Total:	\$ 185.00

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: _____

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