

P.O. Box 871, ALBANY, NEW YORK, 12201
518-463-4179

www.SERVICO.com

Worksheet for Preparation/Filing of
Initial Beneficial Ownership Information Report

Date: _____

Business Information

Entity Name: _____ EIN: _____

Home State: _____ Date of Formation: _____

Address where Business is Physically Located *(Cannot be a P.O. Box, Registered Agent, Virtual Office, etc.):*

Beneficial Owner Information

Beneficial Owner – Any Individual who holds 25% or more interest in this entity or who exercises substantial control.

(At least one is required, attach additional sheet(s) if necessary)

1. Beneficial Owner *(please note, addresses below cannot be a P.O. Box, Registered Agent, Virtual Office, etc.)*

Full Legal Name: _____ DOB: _____

Business Address: _____

Residential Address: _____

2. Beneficial Owner

Full Legal Name: _____ DOB: _____

Business Address: _____

Residential Address: _____

In addition to the information above, please also provide a copy of one of the following for each Beneficial Owner:

- State Issued Driver’s License
- State Issued Identification Card
- U.S. Passport

*** Please note: For all requests received after 12/10/2024 an expedite fee of \$150.00 will apply for processing before 12/31/2024 ***

Filing of BOIR:	\$ 70.00
Administrative Handling	\$ 5.00
Total:	\$ 75.00

Contact Name: _____ Email: _____

Firm / Business Name: _____

Phone #: _____ Fax #: _____

Billing/Mailing Address: _____

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.*