

**LLC Intake Form**

Name of LLC \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

Address of Registered Office: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) and Address(es) of organizer(s):

\_\_\_\_\_  Address on file

\_\_\_\_\_

\_\_\_\_\_

Initial Contribution: \_\_\_\_\_ % Interest: \_\_\_\_\_

\_\_\_\_\_  Address on file

\_\_\_\_\_

\_\_\_\_\_

Initial Contribution: \_\_\_\_\_ % Interest: \_\_\_\_\_

\_\_\_\_\_  Address on file

\_\_\_\_\_

\_\_\_\_\_

Initial Contribution: \_\_\_\_\_ % Interest: \_\_\_\_\_

The purpose of the LLC: \_\_\_\_\_

Individual responsible for initial tax reports: \_\_\_\_\_

Fiscal year end: \_\_\_\_\_ Effective:  On \_\_\_\_\_

Upon filing

EIN #:  Account will obtain  We will obtain – SS# \_\_\_\_\_ for \_\_\_\_\_

Accountant Name and Address: \_\_\_\_\_  On file

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

\_\_\_\_\_

