LLC Intake Form

Name of LLC		
2 nd Choice		
Address of Registered Office:		County:
Name(s) and Address(es) of o	rganizer(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 init	al tax reports:	
Fiscal year end: Effective: \(\square{1} \)		:: 🗆 On
		□ Upon filing
EIN #: □ Account will obtain	□ We will obtain – SS#	for
Accountant Name and Address:		On file
		Phone #:

Super majority required to merge, dissolve, or sell the LLC?	□ No	
Super majority required to amend operating agreement?	□ Yes – with% □ No	
	\square Yes – with%	
NOTES:		