



**LLC INTAKE SHEET**

Please provide all information requested below for proper completion of documents.

**Client Information**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Bus. Address \_\_\_\_\_ Time of appt. \_\_\_\_\_  
 (PO BOX not allowed by the IRS)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

**Name of LLC** 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

<b>Manager</b> _____	<b>Manager</b> _____
SS # _____	SS # _____
Membership Interest % _____	Membership Interest % _____
Member: Y _____ N _____	Member: Y _____ N _____

<b>Manager</b> _____	<b>Manager</b> _____
SS # _____	SS # _____
Membership Interest % _____	Membership Interest % _____
Member: Y _____ N _____	Member: Y _____ N _____

**Mailing Address (if different from above):** \_\_\_\_\_

**Type of Business** \_\_\_\_\_ **No. of Employees** \_\_\_\_\_  
 \_\_\_\_\_ **Do you have Payroll Service?** Y \_\_\_\_\_ N \_\_\_\_\_  
 \_\_\_\_\_ **Are you interested?** Y \_\_\_\_\_ N \_\_\_\_\_

**Client Payment Method:** [ ] Visa [ ] Master Card [ ] American Express [ ]  
 Check: \_\_\_\_\_  
 Name on Card \_\_\_\_\_ No. \_\_\_\_\_  
 MasterCard/Visa CVV No: \_\_\_\_\_ (3 digit credit card number printed on reverse side of card)  
 Exp. \_\_\_\_\_ **IMPORTANT:** Street Number \_\_\_\_\_ and Zip Code \_\_\_\_\_  
 of cardholder's mailing address if different from Billing information above.

Notes: NEW ENTITY [ ] CLEAN UP [ ] Taxed as Scorp [ ]  
 REGULAR FILING [ ] EXPEDITE [ ]: Additional fees are required