



BUSINESS FORMATION CLIENT INTAKE FORM

Please complete this Business Formation Client Intake Form to the best of your knowledge. We ask that you provide as much detail as possible so that we can accurately execute your business registration with the State. All information provided on this Intake Form will be held in strict confidence.

When filling out this Intake Form please use **full legal names** and make sure that the names of any party or entity listed are spelled correctly. If more space is needed, please feel free to attach additional pages as necessary.

Please complete this form and submit along with the Veteran Verification Letter you received from Texas Veterans Commission via Texas Veterans Access to us at vets@texasveterans2step.org.

CLIENT INFORMATION:

	CLIENT #1	CLIENT #2
Full Legal Name		
Home Address		
Phone Number		
Email		

OWNERSHIP QUESTIONS: Please list all initial investors/owners and their addresses.

OWNER NAME	ADDRESS	OWNERSHIP INTEREST (%)	INITIAL CONTRIBUTION (U.S DOLLARS OR EQUIVALENT)
		100%	\$
			\$
			\$
			\$
			\$

GENERAL QUESTIONS:

1) Place a check next to the type of business entity that you would like to create:

- ☐ Limited Liability Company (LLC)
- ☐ Professional Limited Liability Company (PLLC)
- ☐ S Corporation
- ☐ Not Sure – Would like to discuss at initial consultation

2) Have you chosen a name for your business? Do you have an alternate name in case your first choice is not available? If yes please list name(s) exactly as you would like:

- 1.
- 2.
- 3.

3) What is the business address and will this be the principle place of business?

4) What is the primary purpose of the business?

5) Who will serve as the registered agent for the business? *(You may serve as Registered Agent using your home address or office address AT NO COST. PO Box, physical or virtual mail service may not be used as Registered Agent address.)*