

BUSINESS ENTERPRISES QUESTIONNAIRE FOR CORPORATIONS AND LLC'S

Type of Entity: Corporations: ☐ C Corporation ☐ S Corporation
 Limited Liability Company: ☐ Member-Managed ☐ Manager Managed
 Non-Profit Corporations: ☐ Public Benefit ☐ Mutual Benefit ☐ Religious
 Entity Name (Proposed) _____

DBA, if desired (additional fees may apply): _____

Naming Guidelines:

- A general corporation cannot use the words "Bank," "Trust," "Trustee," "Finance," or related words in its name. The corporation is not required to use a corporate designator in its corporate name (such as "Inc," "Corp," "Incorporated" or "Corporation"). However it is advisable to include one so that the individuals the corporation does business with know it is a corporation.
- LLCs cannot use the words "Bank," "Insurance," "Trust," "Trustee," "Incorporated," "Corporation," or use the abbreviations "Inc" or "Corp" in its name. An LLC must include one of the following designators in its name: "LLC", "L.L.C.", "Ltd. Liability Company", or "Limited Liability Company".

Is the name reserved? ☐ Yes, the reservation number is: _____
☐ No, it's not necessary ☐ No, please reserve it for me.

Ask your LDA what the current average processing in time to file documents via mail with the Secretary of State is. Rush walk-in service is available for an additional fee.

Principal Address (Street, City, State, Zip): _____

Initial Street Address: ☐ Same ☐ _____

Initial Mailing Address: ☐ Same ☐ _____

REGISTERED AGENT FOR SERVICE OF PROCESS: The Agent for service of process must maintain a physical address within the state of California. The agent can either be an adult or another corporation that has filed a 1505 Certificate.

Name _____ Address _____

City _____ County _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

BUSINESS ORGANIZATIONAL PURPOSE: (Nonprofit corporations must include detailed Statement of Purpose – use separate sheet, if necessary) _____

BUSINESS ENTERPRISES QUESTIONNAIRE
FOR CORPORATIONS AND LLC'S

Annual Meeting Date ☐ 2nd Tuesday in March ☐ Other _____

Fiscal Tax Year End: ☐ December 31st ☐ Other _____

Accounting Method: ☐ Cash ☐ Accrual

FOR LIMITED LIABILITY COMPANIES ONLY:

Final capital pay-in date: December 31, 20____ Notice for Member withdrawal: ☐ 30 days ☐ _____

Membership Vote for Allocations:

- ☐ Unanimous ☐ Per Capita Majority ☐ Majority of the Profits Interests
☐ Majority of the Capital Interests ☐ Majority of Profits and Capital Interests

Please also complete Member's capital contribution section under LLC MEMBERS section.

FOR CORPORATIONS ONLY:

Authorized Shares of Stock: _____

This figure represents the total number of shares that your corporation is AUTHORIZED to issue. Your corporation is not required to issue ALL of the authorized shares. A small number of Authorized Shares may restrict your corporation's ability to distribute ownership. A large number of Authorized Shares could negatively impact a corporation's tax liability.

S-ELECTION: Do you want to make the S-Corporation Election? ☐ NO ☐ YES

STOCKHOLDERS: ☐ All officers ☐ All Directors ☐ All Officers/Directors ☐ Individuals listed below

(You do not need to complete the information below if one of the boxes above is checked as this information will be provided elsewhere in this questionnaire). Complete the Social Security Number only if you are making the S-Election.

#1	_____	_____	_____
	Name	Address	Social Security #
#2	_____	_____	_____
	Name	Address	Social Security #
#3	_____	_____	_____
	Name	Address	Social Security #
#4	_____	_____	_____
	Name	Address	Social Security #

BUSINESS ENTERPRISES QUESTIONNAIRE
FOR CORPORATIONS AND LLC'S

OFFICERS (ALL BUSINESS ENTITIES)

President:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax _____

Email: _____

☐ ***Vice-President***

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax _____

Email: _____

Secretary:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax _____

Email: _____

Treasurer:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax _____

Email: _____

Other:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax _____

Email: _____

Other:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax _____

Email: _____

Other:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax _____

Email: _____

Other:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax _____

Email: _____

BUSINESS ENTERPRISES QUESTIONNAIRE
FOR CORPORATIONS AND LLC'S

☐ **CORPORATE DIRECTORS** ☐ **LLC MEMBERS**

(Address, telephone numbers and social security information does not need to be repeated here if previously provided in "Officer Section" above. After providing Director or LLC Member's Name, print "SAME AS ABOVE" across the Address/Telephone section)

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Fax: _____ S.S. No. _____

FOR LLCs ONLY: Item contributed: ☐Cash ☐Services
Fair Market Value of Item Contributed: \$ _____
Percentage of Ownership: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Fax: _____ S.S. No. _____

FOR LLCs ONLY: Item contributed: ☐Cash ☐Services
Fair Market Value of Item Contributed: \$ _____
Percentage of Ownership: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Fax: _____ S.S. No. _____

FOR LLCs ONLY: Item contributed: ☐Cash ☐Services
Fair Market Value of Item Contributed: \$ _____
Percentage of Ownership: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Fax: _____ S.S. No. _____

FOR LLCs ONLY: Item contributed: ☐Cash ☐Services
Fair Market Value of Item Contributed: \$ _____
Percentage of Ownership: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Fax: _____ S.S. No. _____

FOR LLCs ONLY: Item contributed: ☐Cash ☐Services
Fair Market Value of Item Contributed: \$ _____
Percentage of Ownership: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Fax: _____ S.S. No. _____

FOR LLCs ONLY: Item contributed: ☐Cash ☐Services
Fair Market Value of Item Contributed: \$ _____
Percentage of Ownership: _____

BUSINESS ENTERPRISES QUESTIONNAIRE
FOR CORPORATIONS AND LLC'S

TAX IDENTIFICATION NUMBER:

EIN (Tax ID) Needed: ☐ Yes ☐ No

Will the corporation have employees? ☐ No ☐ Yes How Many? _____ Date first wages will be paid? _____

Estimate highest number of employees over the next 12 months: _____

Business Activity:

- ☐ Construction
- ☐ Real Estate
- ☐ Rental & Leasing
- ☐ Manufacturing
- ☐ Transportation & Warehousing
- ☐ Finance & Insurance
- ☐ Healthcare & Social Assistance
- ☐ Wholesale Agent/Broker
- ☐ Wholesale Other
- ☐ Retail
- ☐ Other: _____

Principal line of merchandise sold, specific construction work done, products produced, or services provided: _____

ACKNOWLEDGMENT AND AUTHORIZATION

I understand that the Legal Document Assistant preparing my documents is NOT an attorney, cannot select forms and DOES NOT give legal advice. I hereby direct the Legal Document Assistant to type and perform certain services as outlined in the Contract for Services which we each executed regarding this matter. I further declare that the foregoing information which I have provided is, to the best of my knowledge, true and correct.

Dated: _____

Signature: _____