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CONFIDENTIAL BUSINESS FORMATION INTAKE FORM

PLEASE FILL OUT THIS CONFIDENTIAL FORM AS COMPLETELY AND ACCURATELY AS POSSIBLE. THIS INFORMATION WILL BE USED TO FILE THE REQUIRED DOCUMENTS TO FORM YOUR BUSINESS ENTITY.

PLEASE RETURN THIS FORM TO ME UPON COMPLETION TO GET THE MOST OUT OF YOUR CONSULTATION.

I. About You:

Your Full Legal Name: _____

Other names used in past: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Mailing Address if different: _____

Phone: Home () _____ Cell () _____ Work () _____

Email Address: _____

☐ I authorize emails concerning my case.

☐ I authorize emails and mailings of general interest from Timothy Mahi'ai White Attorney at Law, L.L.L.C.

May we contact you concerning your case via: ☐ Phone ☐ Text Message

Preferred Method(s) of Contact: _____

Employer: _____

Monthly Income Amount: _____ Other Source of Income: _____

Date of Birth: _____ SSN# _____

Driver's License#: _____ Expiration Date: _____

Marital status: _____ US Citizen? ☐ yes ☐ no

If married, do you live with your spouse? ☐ yes ☐ no

Do you have a prenuptial, postnuptial, or cohabitation agreement? ☐ yes ☐ no

If you have children, are you subject to a court order for support? ☐ Yes ☐ No

Are Payments Current? ☐ Yes ☐ No

Have you been in business for yourself or with a partner before? ☐ Yes ☐ No

Are you currently in business for yourself or with a partner? ☐ Yes ☐ No

If you answered "Yes" to either of the last two questions, please write below the details of the business: including (a) the form of entity, (b) whether or not the business is currently in operation or was officially dissolved, (c) whether or not you had an attorney, (d) how many years the business has been in operation, (e) the type of business (ie., sales, products, services etc.):

II. About the Business You Would Like to Form:

A. What type of business do you desire to form?

- ☐ Sole Proprietorship ☐ General Partnership ☐ Limited Liability Partnership
☐ Limited Partnership ☐ Limited Liability Company ☐ Corporation
☐ I don't know

B. The state in which you desire to form the business: _____

List any other states in which you want the business to be qualified to do business: _____

C. Financing Your Business

What will you contribute to the business in the way of startup capital or property?

1. Capital (cash or other liquid assets): _____

2. Real property (land or buildings): _____

3. Personal property (include furniture, equipment, automobiles, and other tangible property):

Are you interested in attracting investors? _____

D. Ownership Interest(s) & Roles

What will your relationship be to the business? _____

What active role (if any) will you play in the business (what are your duties): _____

List the names of all people other than you whom you expect will have an ownership interest in the business. For each person listed, include (1) that person's expected contribution and (2) his or her role (how will he or she participate in the business): _____

Full legal name(s), address(es), social security number(s) of the owner(s) of the business and their amount of shares, units or percentage of ownership:

1.

2.

3.

Full legal name(s) of all officers you wish to elect, if applicable, with their appropriate title next to their name (i.e., President, Vice President, Secretary, Treasurer, etc.):

1.

2.

3.

4.

E. Name(s) for Business & Activities:

What name do you plan to use to conduct your business? _____

1. Do you plan to use a different name to form your business? ____ Yes ____ No
2. If so, what is the name you want to use to form your business? _____
3. If your 1st choice is not available, please select an alternative: _____

Desired effective date of formation of business: _____

Brief description of business activities (i.e., goods/ services sold, profession etc.): _____

Will your business operate for profit? ____ Yes ____ No

Will you be selling products/services to the end-user? ____ Yes ____ No

1. If not, who will your products/services be sold to? _____

Have you consulted with any government agencies, business organizations, or incubators to develop a business plan for your proposed business? If so, please list the organizations or government agencies with which you have worked: _____

Do you have a business plan? ____ Yes ____ No

If you have a business plan, please bring it with you to your initial consultation or strategy session

F. Location:

1. Will you have a home office for your business? ____ Yes ____ No
If so, will you meet with clients or customers in that office? ____ Yes ____ No
2. Will your business be web-based? ____ Yes ____ No
3. Will you have a storefront or other commercial location for your business? ____ Yes ____ No If so, have you researched a location to determine availability and cost? ____ Yes ____ No
4. Do you know about the zoning requirements for your chosen location? ____ Yes ____ No
5. Are you aware of the tax implications for your location: ____ Yes ____ No
6. What is the Business address (including zip code)? _____

7. If web-based, where will the business operations take place? _____

8. Do you plan to do business outside of Hawaii involving a physical presence in the other jurisdiction (in other words, will you travel to perform any work outside of Hawaii)? ____ Yes ____ No

9. Do you plan to conduct business (take orders or provide services) via telephone? ____ Yes ____ No
10. Who will be your registered agent (and their address/phone/email) for service of process in the event of any litigation? _____

III. Risk exposure/tolerance:

- A. Have you researched your proposed business to determine the types of risks that may be involved?
- B. Are you comfortable with having your personal assets exposed to potential claims from customers, suppliers, or others with whom you will be doing business? ____ Yes ____ No
- C. Are you aware of the following types of business insurance?
- | | | | |
|---------------------------------|------------------|-----------------------|------------------|
| Key person insurance | ____ Yes ____ No | Flood insurance | ____ Yes ____ No |
| Business interruption insurance | ____ Yes ____ No | Malpractice insurance | ____ Yes ____ No |
| Errors and omissions insurance | ____ Yes ____ No | Cyber insurance | ____ Yes ____ No |
- D. Have you researched the costs of business owner (liability and casualty) insurance for your particular business? ____ Yes ____ No

IV. Other Considerations:

- A. Do you desire flexibility in the operation of your business? ____ Yes ____ No
- B. Do you want your business to continue, even if you are no longer able to be involved? ____ Yes ____ No
- C. Do you plan to take a regular salary from the business? ____ Yes ____ No
- D. Do you plan to hire other employees for your business, either now or in the future? ____ Yes ____ No
- E. Do you plan to hire independent contractors for your business? ____ Yes ____ No
- F. Do you expect to have any employees within the next 12 months? If so, how many, and what date do you expect to first pay them wages: _____
- G. Do you desire to expand your business and eventually, issue stock in your company to the public? ____ Yes ____ No

H. How do you plan to manage the business: (1) Do you want to manage your company as a member or as a manager? (2) Will you share management responsibilities with anyone? (3) Do you plan to delegate any significant responsibilities to anyone who will not have an ownership interest in your business? (4) Have you developed a management scheme? If yes, please describe below:

- I. Do you have any experience with business accounting? ____ Yes ____ No
- J. Do you plan to work with an accountant to set up your business accounts? ____ Yes ____ No
- K. Do you have a tax advisor or do you plan to work with one? ____ Yes ____ No
- L. What are your tax objectives (some general tax information may be discussed, but you need to consult a tax professional to ensure your tax objectives are met):

I want to be taxed like:

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ I don't know

Please explain any other tax objectives here: _____

- M. I want my accounting period to be based on (pick one):
☐ Calendar Year ☐ Fiscal Year (with the ending month being: _____)

N. I want my Accounting method to be (pick one):

☐ Cash

☐ Accrual

O. Who will be responsible for filing and dealing with taxes? _____

P. Do you know how you want profits and losses distributed? If yes, please describe here:

Q. If there is a disagreement among the owners of the business, would you consent to mediation or arbitration as a first step or a binding determination to resolve the dispute as an alternative to traditional litigation? ____ Yes ____ No

R. If one of the owners wants to sell his or her interest in the business, should the other owners have the opportunity to purchase that interest before it is offered to others? ____ Yes ____ No

S. Do you understand the importance of keeping your personal assets separate from your business assets if you form a corporation or limited liability company/partnership? ____ Yes ____ No

T. Have you discussed the types of policies and procedures you would want to include in your operating documents (such as decision making, authority, management, dissolution, buying or selling business, confidentiality etc....)? ____ Yes ____ No

U. What branding or other intellectual property considerations are important to you?

V. Will you require ongoing legal services? If yes, please describe: _____

Q. Once up and running are you concerned about:

☐ remaining in compliance with the law ☐ having properly drafted contracts ☐ cybersecurity

☐ having contracts with 3rd parties reviewed ☐ enforcement of internal operations

☐ ability to ask legal questions as issues arise ☐ employment contracts

☐ opening a bank account ☐ establishing credit for your business

☐ marketing & available business resources ☐ Other _____

R. Any other concerns or factors you feel are pertinent: _____

V. Please Classify Your Urgency in Pursuing this Matter: (check one)

☐ **Critical** – Personal safety or continuation of business depends on it; I have to be in court tomorrow.

☐ **Very Important** – Severe hardship, personal, or financial inconvenience, if not resolved quickly.

☐ **Important** – Matter interferes with business or personal financial stability.

☐ Needs to be done, but no immediate hardship or rush.

☐ Just thought I'd see if it was worth pursuing, but not ready to hire an attorney at this time.

☐ Just thought I'd see if it was worth pursuing and I am ready to hire an attorney.

☐ Just wanted some information, I will get back to you if I decide to pursue this.

**PLEASE ACKNOWLEDGE EACH OF THE FOLLOWING IMPORTANT STATEMENTS
& SIGN BELOW:**

- ☐ I have completed this form as fully and accurately as possible and have not knowingly provided any false statements.
- ☐ I understand that to make the most out of my session, I should return this form at least 48 hours before my appointment.
- ☐ I understand that this form is for informational and assessment purposes only and is not a contract for legal services and does not constitute an agreement to represent me. Representation, if so desired, shall be provided upon the execution of a formal written Legal Services Agreement.

Signature

Date