



## LLC FORMATION QUESTIONNAIRE

State To Be Filed In: \_\_\_\_\_

LLC Name: \_\_\_\_\_

DBA, if any: \_\_\_\_\_

LLC Mailing Address: \_\_\_\_\_

LLC Physical Address: \_\_\_\_\_

NAICS Code or Type of Business to be Conducted: \_\_\_\_\_

\_\_\_\_\_

Registered Agent (person who can accept service of process on LLC's behalf):

Name: Dedicated Tax

Physical Address: 635 S Wickham Rd Ste 202, West Melbourne FL

Mailing Address: 635 S Wickham Rd Ste 202, West Melbourne FL 32904

How much will be invested (\$ amount) in any consecutive 12-month period? \_\_\_\_\_

Will the LLC be managed by the members or a manager? \_\_\_\_\_

Name of initial managing member or manager of the LLC? \_\_\_\_\_

SSN of Managing Member or Manager (for EIN purposes): \_\_\_\_\_

Is this a continuation of an existing business? \_\_\_\_\_

Name of existing business: \_\_\_\_\_

Name and Phone Number of Contact Person? \_\_\_\_\_

**IF YOU ARE UNSURE OF ANY QUESTION PLEASE LEAVE ANSWER BLANK**

Does your business own a <a href="#">highway motor vehicle</a> with a <a href="#">taxable gross weight</a> of 55,000 pounds or more?*	Y	N
Does your business involve <a href="#">gambling/wagering</a> ?*	Y	N
Does your business need to file <a href="#">Form 720</a> (Quarterly Federal Excise Tax Return)?*	Y	N
Does your business sell or manufacture alcohol, tobacco, or firearms?*	Y	N
Do you have, or do you expect to have, any <a href="#">employees</a> <a href="#">who will receive Forms W-2</a> in the next 12 months?*( Forms W-2 require additional filings with the IRS.)	Y	N

### **INFORMATION ON LLC MEMBERS**

**Please use full names and the address to be of records with the estate as the information below are how they will appear on your articles of organization and other formation documents that will be submitted online.**

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 % of LLC: \_\_\_\_\_ Initial Contribution: \$ \_\_\_\_\_

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 % of LLC: \_\_\_\_\_ Initial Contribution: \$ \_\_\_\_\_

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 % of LLC: \_\_\_\_\_ Initial Contribution: \$ \_\_\_\_\_

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail: \_\_\_\_\_  
% of LLC: \_\_\_\_\_ Initial Contribution: \$ \_\_\_\_\_

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail: \_\_\_\_\_  
% of LLC: \_\_\_\_\_ Initial Contribution: \$ \_\_\_\_\_

**Please return this information to our office via email [Emily@dedicated-tax.com](mailto:Emily@dedicated-tax.com) or  
bring during your consult.**