WEBSTER & SCHELLI A PROFESSIONAL CORPORATION

BUSINESS ORGANIZATION INFORMATION QUESTIONNAIRE

Please complete and download this questionnaire and bring it with you to your initial consultation

ENTITY NAME*:			
CITY, STATE, ZIP			
COUNTYPHONE			
BUSINESS ACTIVITY:			
WAS BUSINESS ACQUIRED: YES NO			
DATE BUSINESS STARTED/ACQUIRED:			
RETAIL SALES YES NO			
EMPLOYEES: YES NO EXPECTED if yes, HOW MANY WHEN HIRED			
BOARD OF DIRECTORS: NUMBER: NAME(S)			
DFFICERS: PRESIDENT			
VICE PRESIDENT			
TREASURER			
SECRETARY			

SHAREHOLDER'S/PARTNERS/MEMBERS INFORMATION;

1.	NAME	
	STREET ADDRESS	
	CITY, STATE, ZIP	
	COUNTY	
	PHONE	
	SOC. SEC. #	
	PERCENTAGE OWNED	
	TERCENTAGE OWNED	
2.	N A ME	
Ζ.	NAME	
	STREET ADDRESS	
	CITY, STATE, ZIP	
	COUNTY	
	PHONE	
	SOC. SEC. #	
	PERCENTAGE OWNED	
3.	NAME	
	STREET ADDRESS	
	CITY, STATE, ZIP	
	COUNTY	
	PHONE	
	SOC. SEC. #	
	PERCENTAGE OWNED	
4.	NAME	
	STREET ADDRESS	
	CITY, STATE, ZIP	
	COUNTY	
	PHONE	
	SOC. SEC. #	
	PERCENTAGE OWNED	
	TERCENTAGE OWNED	
5.	NAME	
5.	NAME	
	STREET ADDRESS	
	CITY, STATE, ZIP	
	COUNTY	
	PHONE	
	SOC. SEC. #	
	PERCENTAGE OWNED	