

## LIMITED LIABILITY COMPANY FORMATION QUESTIONNAIRE

The following information is necessary for us to prepare the documents required to form your LLC. If the information requested does not apply, simply mark the blank N/A.

**Client Information:**

Client Name	Address	Office Phone
Fax Number	Cell Phone Number	Alternative Number (if applicable)

**Personal and General Company Information**

1) Member/Manager Information Member Name Manager? (Y/N) Address Phone Date of Birth SSN

Member Name	Manager? (Y/N)	Address	Phone	Date of Birth	SSN

2) **Supplemental Applications:** Would you like my firm to prepare the following applications on your behalf:

- 1. Form SS-4 (EIN Application–filed with IRS, applies for federal tax id #):      Y     N
- 2. Master Application (filed with DOL, application for business license):      Y     N
- 3. Form 2553 (IRS “S” Election if applicable – filed with IRS):      Y     N

3) **Name of LLC:** Please list the name of the LLC in your order of preference. The Secretary of State **requires that you list two additional names** in case your first choice is already taken or otherwise rejected by the Secretary of State’s Office (be specific, i.e. “and” or “&”, whether or not the name begins with “The...”,etc).

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

If the above Members/Managers are married, list full name(s) of spouse(s) if not listed above:

\_\_\_\_\_

\_\_\_\_\_

- 4) Principal Place of Business? (Address) \_\_\_\_\_
- 5) Principal products or services that the LLC will provide (purpose of LLC) \_\_\_\_\_  
\_\_\_\_\_
- 6) Have you bought, leased or acquired any or all of an existing business or its assets?
- a) Date bought/leased/acquired \_\_\_\_\_
  - b) Prior business name \_\_\_\_\_
  - c) Prior owner's name \_\_\_\_\_
  - d) Telephone number \_\_\_\_\_
- 8) Did you purchase/lease any fixtures or equipment for which you have not paid sales/use tax? \_\_\_\_\_  
If yes, indicate the purchase or lease price: \_\_\_\_\_
- 9) Is this business owned by, controlled by, or affiliated with any other business entity? \_\_\_\_\_
- a) Please indicate that business entity's legal name \_\_\_\_\_
- 10) Have you ever owned another business? \_\_\_\_\_
- a) Name: \_\_\_\_\_
  - b) UBI number: \_\_\_\_\_
  - c) EIN \_\_\_\_\_
- 11) If you are changing your business structure (e.g., changing from a sole proprietorship to a corporation/LLC) and want the old account closed, please provide the UBI number to be closed: \_\_\_\_\_
- 12) Bank or intended bank's name: \_\_\_\_\_ Branch: \_\_\_\_\_
- 13) Estimated Gross Annual Income for the LLC: \_\_\_\_\_
- 14) Do you intend to hire any employees? \_\_\_\_\_ If yes, how many (not including owners)? \_\_\_\_\_
- a) Date of First employment/planned employment \_\_\_\_\_
  - b) First date wages or annuities will be paid \_\_\_\_\_
- 15) Do you plan to hire any independent contractors that you will report on Form 1099? \_\_\_\_\_

16) **Capital Contributions and Ownership Interest.** Please indicate the dollar amount or form of each member’s capital contribution and their percentage ownership interest in the Company.

<u>Member</u>	<u>Initial Capital Contribution</u>	<u>Percentage Interest</u>
	\$	%
	\$	%
	\$	%
	\$	%

17) For federal tax purposes, if an LLC has two or more members, it can be treated as a partnership or a corporation. If it is a single member LLC, it can be treated as a “disregarded entity.” How do you wish your LLC to be taxed? We encourage you to discuss this issue with your accountant.

- Partnership
- Disregarded Entity
- Corporation

18) Will you require buy-sell provisions/agreements and related agreements need to be reviewed? It is particularly important to have these agreements if there are multiple Members of the LLC.

- Yes
- No.
- Not applicable.

19) Do employment contracts and related agreements need to be prepared?

- Yes. Please designate the agreement(s) you would like prepared and the reasons why:

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- No.

**Please have all of the Managers and Members of the limited liability company sign below:**

_____	_____
_____	_____