



Client Questionnaire for Forming an Entity

GENERAL INFORMATION

Client Name: _____

Client Address: _____

Client Phone: _____

Client Mobile Phone: _____

Client Fax: _____

Client E-mail: _____

Client SSN: _____

CPA Name/Address: _____

CPA Phone: _____

Referred By: _____

Entity Information

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FIRST ENTITY

Type of Entity (circle one): Corporation LLC LP

How Taxed (circle one): C-Corp S-Corp Partnership Non-Profit
Sole Proprietorship

Purpose of Entity: _____

Entity Name Choice No. 1: _____

Entity Name Choice No. 2: _____

Entity Name Choice No. 3: _____

Business Address:
(if different from
Client's address above): _____

Initial Owners:

Name: _____ Percent Owned: _____%

Name: _____ Percent Owned: _____%

Name: _____ Percent Owned: _____%

Name: _____ Percent Owned: _____%

Initial Directors/Managers: (for Non-Profit a minimum of three directors are required)

Name: _____

Name: _____

Name: _____

Name: _____

Officers:

President: _____

VP: _____

Secretary: _____

Treasurer: _____

SECOND ENTITY (if applicable)

Type of Entity (circle one): Corporation LLC LP

How Taxed (circle one): C-Corp S-Corp Partnership Non-Profit
Sole Proprietorship

Purpose of Entity: _____

Choice of Entity Name No. 1: _____

Choice of Entity Name No. 2: _____

Choice of Entity Name No. 3: _____

Business Address: _____
(if different from
Client's address above): _____

Initial Owners:
_____ Same as First Entity OR

Name:	_____	Percent Owned:	_____ %
Name:	_____	Percent Owned:	_____ %
Name:	_____	Percent Owned:	_____ %
Name:	_____	Percent Owned:	_____ %

Initial Directors/Managers:
_____ Same as First Entity OR

Name:	_____
Name:	_____
Name:	_____
Name:	_____

Officers:
_____ Same as First Entity OR

President:	_____
VP:	_____
Secretary:	_____
Treasurer:	_____