



Client Questionnaire for Forming an Entity

GENERAL INFORMATION

Client Name: _____

Client Address: _____

Client Phone: _____

Client Mobile Phone: _____

Client Fax: _____

Client E-mail: _____

Social Security No.: _____

CPA Name/Address: _____

CPA Phone: _____

Referred By: _____

Entity Information – 1st 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: _____

Trademark/Logos: Do you anticipate requiring a trademark of the name or logo for the company that you want protected nation-wide?
 _____ Yes _____ No

How many employees do you intend to have in the first year? _____

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

INITIAL OWNERS		
Name	% Ownership	Capital Contribution
	%	\$
	%	\$
	%	\$
	%	\$

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

Name: _____

Name: _____

Name: _____

Name: _____

Officers:

President: _____

VP: _____

Secretary: _____

Treasurer: _____

Entity Information – 2nd 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: _____

Entity Name Choice No. 1: _____

Entity Name Choice No. 2: _____

Entity Name Choice No. 3: _____

Trademark/Logos: Do you anticipate requiring a trademark of the name or logo for the company that you want protected nation-wide?
 _____ Yes _____ No

How many employees do you intend to have in the first year? _____

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

INITIAL OWNERS		
Name	% Ownership	Capital Contribution
	%	\$
	%	\$
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Initial Directors/Managers: (for Non-Profit a minimum of three directors are required)

Name: _____

Name: _____

Name: _____

Name: _____

Officers:

President: _____

VP: _____

Secretary: _____

Treasurer: _____