



BUSINESS FORMATION QUESTIONNAIRE

Today's Date: _____

Yourself

Full Legal Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Other: (_____) _____

Work Phone: (_____) _____ Preferred Method of Contact: _____

Email Address: _____ Home: Work:

New Business Information

1. Place a check next to the type of business entity that you would like to create:

- Sole Proprietorship
- Limited Liability Company (LLC)
- General Partnership
- Limited Liability Partnership (LLP)
- Professional Limited Liability Company (PLLC)
- Corporation
- S Corporation
- Other (please describe) _____
- Not Sure – Would like to discuss at initial consultation

2. Place a check next to any issues that are important to you in choosing a business entity:

- Personal Liability and Asset Protection
- Simplicity
- Tax Implications
- Ability to sell or transfer your interest in the business
- Other (please describe) _____

3. Have you chosen a name for your business? Do you have an alternate name in case your first choice is not available? If yes please list name(s) exactly as you would like:

4. What is the business address and will this be the principle place of business?
5. What is the primary purpose of the business?
6. In what state(s) will the business operate?
7. Who will serve as the registered agent for the business?
8. Will the business use trademarks or logos? If yes, please describe.
9. Will the business require any special licenses (i.e. liquor, gambling, food handling, etc.)? If yes, please describe.

Ownership Information:

10. Please list all initial investors/owners/members and their addresses:

Owner Name	Address	Ownership Interest (%)	Initial Contribution (\$)
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11. Are all of the initial investors/owners U.S. citizens?
12. Do you want there to be any restrictions on transfers or sales of owner's interests? If yes, please describe.
13. Will profits and losses be shared equally amongst the owners?

Financial Information:

14. Will the business have its own bank account(s)? If yes, please identify the type of accounts and the name of the institution where the accounts will be located (if known).

15. Have you taken out any loans to pay for startup costs of the business? If yes, please describe the nature of the loan and identify the institution that holds the loan.

16. Does the business have an accountant? If yes, please provide the name and contact information for the accountant.

Management Considerations:

17. Will all owners/members/partners manage the business or will a single member perform this duty?

18. Who will be responsible for signing documents on behalf of the business?

19. Will all owners/members/partners be able to enter into contracts, open and close accounts, deposit or withdraw funds, and engage the services of other professionals, or will a single member have these powers? If a single member or members, please identify.

20. If forming a corporation, do you know who the initial officers will be (President, Secretary, Treasurer, etc.)? If yes, please identify.

Capital Contribution Information:

21. Please list any and all capital contributions made.

Contributor	Type	Amount
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Real Estate and Mortgage Information for Rental Properties (if any):

Address: _____

Date Acquired: _____

Purchase Price: _____ Fair Market Value: _____

Monthly Payment: \$ _____ Balance Due on Loan: \$ _____

Name of Mortgage Holder (Lender): _____

Address: _____

Date Acquired: _____

Purchase Price: _____ Fair Market Value: _____

Monthly Payment: \$ _____ Balance Due on Loan: \$ _____

Name of Mortgage Holder (Lender): _____

Address: _____

Date Acquired: _____

Purchase Price: _____ Fair Market Value: _____

Monthly Payment: \$ _____ Balance Due on Loan: \$ _____

Name of Mortgage Holder (Lender): _____

Address: _____

Date Acquired: _____

Purchase Price: _____ Fair Market Value: _____

Monthly Payment: \$ _____ Balance Due on Loan: \$ _____

Name of Mortgage Holder (Lender): _____

Address: _____

Date Acquired: _____

Purchase Price: _____ Fair Market Value: _____

Monthly Payment: \$ _____ Balance Due on Loan: \$ _____

Name of Mortgage Holder (Lender): _____

Address: _____

Date Acquired: _____

Purchase Price: _____ Fair Market Value: _____

Monthly Payment: \$ _____ Balance Due on Loan: \$ _____

Name of Mortgage Holder (Lender): _____

Address: _____

Date Acquired: _____

Purchase Price: _____ Fair Market Value: _____

Monthly Payment: \$ _____ Balance Due on Loan: \$ _____

Name of Mortgage Holder (Lender): _____