

Corporate Formation Questionnaire

- 1) Name of Entity:_____
- 2) Trade name(if different):_____
- 3) Mailing address of Corp.:_____
- 4) County that business will operate:_____
- 5) Type of entity:_____ (LLC, S-Corp, C-Corp, Partnership, PA, Sole Prop., non-profit, etc.)
- 6) Brief Description of business:_____
- 7) Closing month of Acct. year: _____ (usually December)
- 8) Anticipated Number of employees in next 12 months:_____
- 9) Have you ever had a tax ID number before:_____ (If so, name of business and Tax ID#:_____)
- 10) Name, address, and % ownership of all incorporators and their position/title in company(IF an LLC, denote if parties are managers (decision making authority) or members(decision making authority only if power given by manager):

- 11) President/manager/main incorporators phone and fax #'s:_____
- 12) SS#'s of all incorporators:_____