



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.

Personal and General Company Information

1) Member/Manager Information

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. _____

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

5) Principal Place of Business? (address)

6) Principal products or services that the LLC will provide (purpose of LLC)

7) 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>Members</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

Taxable Business Activities:

First Sales Date: _____

Y / N

- | | | |
|---|-------|--------------------|
| Sell or use taxable goods or services | _____ | What States: _____ |
| More than one sales tax collection location | _____ | |
| Need to make exempt purchases (resale) | _____ | |
| Wholesale sales or distribution of tobacco | _____ | |
| Sell or transport motor fuels or petroleum | _____ | |
| Store petroleum and/or hazardous chemicals | _____ | |
| Manufacture, distribute or sell litter
Generating products | _____ | |
| Required to file for solid waste disposal | _____ | |
| Required to file for solid waste transport | _____ | |
| Operate a sanitary landfill | _____ | |
| Sell or deliver natural gas or electricity | _____ | |
| Sell goods or services to State Agencies | _____ | |
| Operate a Motor Vehicle Rental Company | _____ | |
| Sell new tires or sell or lease motor vehicles | _____ | |
| Sell voice grade access/mobile
telecommunications | _____ | |
| Operate a Hotel, Motel or other facility | _____ | |
| Operate a gambling hall that holds games | _____ | |
| Other business activities subject to
miscellaneous taxes | _____ | |

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Bank Transfer Authorization Form

I authorize *Cartwright and Associates* to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:

One time on _____ for the amount of \$ 275 plus state fees.
mm/dd/yy

Monthly debits

Starting on _____ and on the _____ of each month through _____
mm/dd/yy day of the month mm/dd/yy
for the amount of \$ _____.

To pay current and future invoices

Starting on _____ for the amount of \$ _____ and accordingly thereafter per the
mm/dd/yy
invoice terms future invoice(s).

Client bank account information:

Confirm

Routing number Account number

Account type: Checking Savings Consumer Business

This payment authorization is to remain in effect until I, _____, notify
Client Name

Cartwright and Associates of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

Client signature

Client Printed Name

Date

Phone Number

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