



BUSINESS FORMATION QUESTIONNAIRE

1. Do you know what type of entity you want to form? ☐ Yes ☐ No

If "Yes" was checked, please select one of the following:

- ☐ Corporation ☐ Limited Liability Company (LLC) ☐ General Partnership
☐ Limited Partnership ☐ Sole Proprietorship ☐ Limited Liability Partnership
☐ Other - describe: _____

If "Corporation" was checked, do you know whether you want to form a C-Corporation or an S-Corporation?

- ☐ C-Corporation ☐ S-Corporation ☐ Do not know

2. Do you know where you wish to legally form the entity (i.e., under which state's laws)?

- ☐ Yes ☐ No

If "Yes" is checked, please check one of the following (California is recommended if you only do business in California):

- ☐ California ☐ Nevada ☐ Delaware ☐ Other - please specify other state: _____

3. Please indicate the primary purpose for wanting to form a business entity:

- ☐ Starting new business ☐ Acquiring existing business
☐ Changing legal entity of existing business that you currently own/operate
☐ Other - describe: _____

4. What is the proposed name of the entity?

5. What are alternative name(s) if first choice is not available?

6. Will you operate/conduct business under a name that is different than the full legal name of the Entity being formed (i.e. dba or a subsidiary)?

- ☐ Yes ☐ No If "Yes" is checked, please state that name: Business

7. Please provide contact information for the new business:

Address: _____

_____ Main phone no.: _____

Alternate phone no.: _____ Fax no.: _____

E-mail Addresses: _____

Website address: _____

If a P.O. Box is to be used as the address, please provide alternative address that includes a street address

8. Type of business and/or principal activity:

- ☐ SERVICE _____
- ☐ PRODUCTS _____

9. In which countries and states will the business actively sell its products/services?

- ☐ California only
- ☐ Other specific state(s): _____
- ☐ All over USA via the internet
- ☐ All over World via internet

10. To Whom are products or services sold? (e.g., general public, businesses or other)

11. Where will the new entity primarily conduct its business initially (address), and indicate if location is likely to change during first several years?

12. If known, please list the name and address of the initial agent for service of process:

- *If you or a business partner do not want to be initial agent for service of process do you want LB TAXES & CONSULTING GROUP to be listed as your agent for process (annual cost of \$250)?*

☐ Yes ☐ No _____

13. Please list who you intend to be the initial officers (optional if forming an LLC or partnership):

Please include Officer Mailing Address and Email

CEO /President: _____

CFO/Treasurer: _____

Secretary: _____

Other (attach additional sheets if necessary):

14. Please provide your social security number. Once completed, please attach a copy of your ID with this form. *This section must be filled out.*

