

Incorporation Questionnaire

General Information

Proposed Name: _____

Alternate corporate names if your first choice is not available (in order of preference):

1. _____

2. _____

3. _____

Principal business address of proposed corporation: _____

Mailing address of proposed corporation: _____

Address of the registered office of the corporation (cannot be a P.O. Box): _____

What will be the activities of your proposed corporation? _____

Will the corporation will be buying goods from a wholesaler and reselling them? Yes No

Is this business already a going concern? Yes No If yes, did you start the business or did you acquired a business?

Starting date of the business or the date of your acquisition: _____

Did you hire any employees? Yes No If yes, when? _____

Trade name of the proposed corporation (if applicable): _____

Is there more than one place of business? Yes No If yes, list locations:

Target date of incorporation: _____

Fiscal year end: _____

Name of its registered agent, (if any): _____ Agent's address: _____

Name and address of each incorporator (list at least one).

Incorporator One: _____

Incorporator Two: _____

Capitalization

Number of shares issued and outstanding: _____

The aggregate number of shares that the corporation has authority to issue. _____

The corporation will authorize voting shares nonvoting shares voting and nonvoting shares.

Class of shares: _____ Par value: _____

If more than one class of shares list classes.

Common Attributes: _____

Class A Attributes: _____

Class B Attributes: _____

Other (specify): _____ Attributes: _____

Shares owned by initial shareholders:

Name	Number of Shares	Consideration Given in Exchange for Shares

Will the shareholders be entering into a Buy and Sell Agreement? Yes No

Executive Members

Person(s) to serve on the first Board of Directors (one or more).

Director One: _____

Director Two: _____

Director Three: _____

Person(s) to serve as the first Officers (one or more).

President: _____ Address: _____

Social Security Number: _____

Chief Executive Officer: _____ Address: _____

Social Security Number: _____

Chief Financial Officer: _____ Address: _____

Social Security Number: _____

Secretary: _____ Address: _____

Social Security Number: _____

Treasurer: _____ Address: _____

Social Security Number: _____

Other: _____ Address: _____

Social Security Number: _____

Other members:

Member	Rights	Privileges	Qualifications	Duties	Manner of Election/Appointment	Voting Rights

Miscellaneous

Corporation's accountant:

Name: _____

Address: _____

Telephone: _____

Would you like the accountant or our firm to request the corporation's federal tax identification number from the I.R.S.?

Highest number of employees expected in the next 12 months? _____

Estimated first date that wages will be paid? _____

Do you want the corporation to be taxed as an S-Corporation? Yes No

Name, address, and phone number of bank which will handle the accounts of proposed corporation: _____

Has this account been opened yet? _____

Name of signatory(ies) to corporate checking account: _____

Have you ever previously applied (signed the application) for an employer identification number "EIN"? Yes No If yes, state the name of the applicant: _____,

approximate date of the application: _____, location where the application was filed (city and state): _____ and the previous EIN: _____

Does the proposed corporation have a foreign affiliate with a similar name? Yes No

If yes, what is the name of the affiliate?: _____

Where are corporate records to be kept?: Corporation Our firm

Annual resolutions are to be prepared by: Corporation Our firm

Is a company seal to be ordered? Yes No

List all related corporations:

Do the owners of the corporation require a professional license such as a Physician, Attorney, Accountant, Realtor, Veterinarian, Chiropractor, etc. to run the corporation?

Yes No