BUSINESS FORMATION CLIENT INTAKE FORM

Please complete this Business Formation Client Intake Form to the best of your knowledge. I ask that you provide as much detail as possible so that I can accurately evaluate your situation and properly advise you regarding your options. All information provided on this Intake Form will be held in strict confidence.

When filling out this Intake Form please use **full legal names** and make sure that the names of any party or entity listed are spelled correctly. If more space is needed, please feel free to attach additional pages as necessary. If you are unsure about how to answer some of the questions, simply indicate on the form that you would like to discuss the subject matter at our initial consultation.

Please complete and return this form to me via email or mail at least 24 hours prior to our initial consultation. I look forward to working with you.

CLIENT INFORMATION:

	CLIENT #1	CLIENT #2
Full Legal Name		
Home Address		
Phone Number		
Email		

OWNERSHIP QUESTIONS: Please list all initial investors/owners and their addresses.

OWNER NAME	ADDRESS	OWNERSHIP INTEREST (%)	INITIAL CONTRIBUTION (U.S DOLLARS OR EQUIVALENT)
			\$
			\$
			\$
			\$
			\$

 Are all of the initial investor 	owners U.S. citize	າຣ? Yes	No
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2) Do you want there to be any restrictions on transfers or sales of owner's interests?			
YesNo If yes, please describe.			
3) Will profits and losses be shared equally amongst the owners? YesNo			
GENERAL QUESTIONS:			
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 			
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, etc.)? If yes, please describe.
FINANCIAL AND ACCOUNTING INFORMATION:
1) 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).
2) 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.
3) Does the business have an accountant? If yes, please provide the name and contact information for the accountant.

MANAGEMENT CONSIDERATIONS:

- 1) Will all owners/members/partners manage the business or will a single member perform this duty?
- 2) Who will be responsible for signing documents on behalf of the business?
- 3) 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.
- 4) If forming a corporation, do you know who the initial officers will be (President, Secretary, Treasurer, etc.)? If yes, please identify.