

LAW OFFICES OF
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CONFIDENTIAL

BUSINESS FORMATION CLIENT QUESTIONNAIRE

*This **Business Formation Client Questionnaire** is the first important step in the process of identifying the needs of your new business entity. Please print clearly and take care to answer all of the questions fully. Use the space provided, and if additional space is needed, use the Supplemental Information section at the end of this Questionnaire for any comments or additional information you would like to provide.*

If you are unsure of an answer, please provide us with as much information as you can. We will rely on much of the information provided to us in the Questionnaire in advising you on your business and related matters.

We look forward to meeting with you! Please return the completed Questionnaire in advance of the meeting date.

BUSINESS FORMATION CLIENT QUESTIONNAIRE

CONTACT INFORMATION FOR KEY PERSON

(If more than one key person, please duplicate page to provide additional contact information.)

Full Name _____
Nickname _____
Date of Birth _____
Social Security Number _____
Home Phone Number _____
Office Phone Number _____
Fax Number _____
Cell Phone _____
E-mail Address _____
Second E-mail Address _____

BUSINESS ADDRESS: *Street Address* _____
City County State Zip

HOME ADDRESS: *Street Address* _____
City County State Zip

GENERAL

1. Type of Business: _____
2. Proposed names of business entity:
 - a) _____
 - b) _____
 - c) _____
3. Will the entity conduct business in another state? _____
4. Will you need an Employer Identification Number? _____
5. What is the maximum number of employees expected in the next 12 months? _____

6. What are the current assets of the proposed business (if any)? _____

7. Will you seek financing for the business start up? _____

IDENTIFICATION OF KEY PARTIES

1. Please list the names and desired ownership percentages of the Shareholders, Members or Partners:

Owner / Shareholder	% of Ownership
_____	_____
_____	_____
_____	_____

2. If your business entity will be a corporation, please list the names of the proposed Board of Directors:

_____	_____
_____	_____

3. Please list the names of the desired officers (if applicable):

<u>Name</u>	<u>Title</u>
_____	President / CEO
_____	Vice President
_____	Secretary
_____	Treasurer
_____	Manager
_____	Manager
_____	Other (please specify: _____)

4. If your business entity will be an LLP or LLLP, please list the Partner(s):

PREPARATION FOR BUSINESS FORMATION

1. Have you discussed choice of entity or business formation issues with another advisor (such as your CPA)? If so, please explain:

2. Please list any documents that are relevant to the formation of your business entity. Please provide us with copies of these documents.

QUESTIONS TO CONSIDER PRIOR TO CONFERENCE

Prioritize the following. *You can choose the most important to you or rank all five.*

1 = most important, 5 = least important.

- _____ Protection of assets
- _____ Ease of ongoing administration
- _____ Control of business
- _____ Tax efficiency/ savings
- _____ Simplicity

SUPPLEMENTAL INFORMATION

If there are any other items that you think are significant and should be reflected in this questionnaire, please state the details:
