

NEW LLC QUESTIONNAIRE

Name of the LLC:

First choice: _____

Second choice: _____

Third choice: _____

Name of the contact person for the LLC: _____

Principal place of business: _____

Business mailing address: _____

Telephone number: _____ Fax number: _____

E-mail address: _____

Primary Purpose of the LLC: _____

Name of Agent for Service of Process: _____

Address for Agent: _____

Will this LLC have: [] Single Manager [] Multiple Managers [] All Members as Managers
If more than one manager, how many managers for this LLC: _____

Please list all of the Managers names/social security numbers/addresses:

Please list all of the Members' names and addresses (if address not already provided), **and percentages of interest:**

_____ %
_____ %
_____ %

Please list all of the Members' names and **amount of cash or assets** to be contributed by each, as capital to the LLC:

_____	\$ _____
_____	\$ _____
_____	\$ _____

What will be the tax treatment for this LLC?

Multi-Member (usually taxed as a partnership) Sole Member (usually taxed as a disregarded entity). If different than these, then we need to file IRS Form 8832.

Will the accounting year begin January 1? Yes No If not, when? _____

Will the accounting year end December 31? Yes No If not, when? _____

When is it expected that the LLC will begin doing business: _____

Will there be any employees for this LLC? Yes No If yes, please list the highest number of employees expected in the next 12 months: _____

When is it expected that the LLC will exceed \$100 in wages: _____