

THE POCKET LAWYER[®]

Document Preparation Service

/// Workbook ///

✍️ “We Help You Help Yourself” ✍️

FORMING A CORPORATION OR LLC



PART "A"

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THE POCKET LAWYER®

Document Preparation Service Workbook

“Self-Help” Series

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This Workbook is a self-help information product for the preparation of legal and business documents. It is not intended to serve as legal advice or as a substitute for legal advice. We strongly recommend that whenever possible, you seek the advice of a licensed attorney.

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Northridge, CA 91324

The Pocket Lawyer[®] Document Preparation Service

Business Formation Client Questionnaire

INSTRUCTIONS: Answer All questions with an answer or a N/A. Today's date _____
 If more space is needed, use the space below or attach blank pages.

INFORMATION ABOUT THE ORGANIZER

1	First name	Middle	Last
2	Social Security #	Tax ID #	DOB
3	Street Address		Apt.
4	City	State	Zip
5	Telephone, business	Email	

INFORMATION ABOUT THE BUSINESS

6	Check the type of business you want: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company(LLC) <input type="checkbox"/> "C" Corporation <input type="checkbox"/> "S" Corporation	
7	In what State do you want to incorporate the corporation or organize the LLC:	
8	Name of Company (1 st choice)	
9	Name of Company (2 nd choice)	
10	Name of Company (3 rd choice)	
11	If a Corporation, check the ending you want: <input type="checkbox"/> Corporation <input type="checkbox"/> Corp. <input type="checkbox"/> Incorporated <input type="checkbox"/> Inc. <input type="checkbox"/> Company <input type="checkbox"/> Co.	
12	If an LLC, check the ending you want: <input type="checkbox"/> LLC <input type="checkbox"/> L.L.C. <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Ltd. Liability Co.	
13	What is the principal business activity of the company?	
14	Address of business	
15	Telephone, business	e-mail
16	Mailing address of business (if different)	
17	If a Corporation, total number of shares of stock authorized to issue:	<input type="checkbox"/> Par value:
18	Latest date on which the company is to dissolve: <i>(If a Corporation, it can be perpetual)</i>	

AGENT FOR SERVICE OF PROCESS

19	Do you want the Pocket Lawyer to be your Agent for Service of Process (Registered Agent) <input type="checkbox"/> YES (skip to #24) <input type="checkbox"/> NO If NO, insert name of Agent here and complete #20-23 Name of agent		
20	Street address of initial agent		
21	City	State:	Zip
22	Social Security #	DOB	
23	Telephone, home	Telephone, business	

Business Formation Questionnaire (continued)			
If additional space is needed, number and insert below.			
INFORMATION ABOUT THE INITIAL DIRECTOR(S) (Corporation)			
24	Name of first initial director		
25	Street address		
26	City	State:	Zip
27	Social Security #	Telephone, business	
28	Name of second initial director		
29	Street address		
30	City	State	Zip
31	Social Security #	Telephone, business	
32	Name of third initial director		
33	Street address		
34	City	State	Zip
35	Social security #	Telephone, business	
36	Name of fourth initial director		
37	Street address		
38	City	State	Zip
39	Social Security #	Telephone, business	
If additional space is needed, number and insert below			
40	For an LLC, the company will be managed by: <input type="checkbox"/> one manager <input type="checkbox"/> more than one manager <input type="checkbox"/> limited liability company members		
41	For an LLC, state any additional provisions that limit the business or authority of managers or members:		

Business Formation Questionnaire (continued)

If additional space is needed, number and insert below

SHAREHOLDER(S) (Corporation) or MEMBER(S) (LLC)

42	Name		
43	Street address		
44	City	State	Zip
45	Phone	Fax	Percent of ownership
46	Initial Capital Investment \$	<input type="checkbox"/> Cash <input type="checkbox"/> Property <input type="checkbox"/> Past services rendered	

47	Name		
48	Street address		
49	City	State	Zip
50	Phone	Fax	Percent of ownership
51	Initial Capital Investment \$	<input type="checkbox"/> Cash <input type="checkbox"/> Property <input type="checkbox"/> Past services rendered	

52	Name		
53	Street address		
54	City	State	Zip
55	Phone	Fax	Percent of ownership
56	Initial Capital Investment \$	<input type="checkbox"/> Cash <input type="checkbox"/> Property <input type="checkbox"/> Past services rendered	

57	Name		
58	Street address		
59	City	State	Zip
60	Phone	Fax	Percent of ownership
61	Initial Capital Investment \$	<input type="checkbox"/> Cash <input type="checkbox"/> Property <input type="checkbox"/> Past services rendered	

OFFICER(S) (Corporations)

62	President - Name		
63	Street address		
64	City	State	Zip
65	Soc Sec #xxx-xx-	Phone	Fax
66	Secretary - Name		
67	Street address		
68	City	State	Zip
69	Soc Sec#xxx-xx-__ __ __ __	Phone	Fax

Business Formation Questionnaire (continued)			
70	Treasurer - Name		
71	Street address		
72	City	State	Zip
73	Soc Sec#xxx-xx-	Phone	Fax
ACKNOWLEDGEMENT and SIGNATURE			
74	Do you want us to prepare Incorporation or LLC documents? <input type="checkbox"/> YES <input type="checkbox"/> NO		
75	Do you want us to order a Company Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		Cost =
76	Do you want us to provide a Corporate or LLC kit? <input type="checkbox"/> YES <input type="checkbox"/> NO		Cost =
77	Do you want us to make copies and conform the papers for filing? <input type="checkbox"/> YES <input type="checkbox"/> NO (Included)		
78	Do you want us to obtain a Federal Tax ID (EIN) number? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete and sign the attached Form SS-4.		Cost =
79	Do you want to make a Sub-Chapter "S" election? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete and sign the attached Form 2553.		Cost =
80	<u>This Acknowledgement must be signed by an Authorized Party or Parties</u>		
<p>I (We), acknowledge that the information provided by me in this Workbook is true and accurate to the best of my knowledge. I further acknowledge that I am going to do my own INCORPORATION or LLC and want the POCKET LAWYER® Document Preparation Service to assist me by performing certain document preparation services, according to my instructions. I will be solely responsible for the information contained in these documents and will have the opportunity to review the completed documents before they are used or filed. I understand that the POCKET LAWYER Document Preparation Service does <u>not</u> render legal advice or legal services and is acting solely at my direction and pursuant to my decisions. I further understand that I have the right to handle my own legal and business matters and act as my own attorney, but that the advice of an attorney may be necessary. The POCKET LAWYER encourages attorney participation and will provide a list of attorney referrals, at my request.</p> <p>I hereby relieve the POCKET LAWYER from any liability whatsoever, regarding the preparation of these documents, and agree to hold them harmless from any damages I may suffer and understand that my sole relief is limited to the return of any fee paid for the preparation of these documents.</p>			
Signature			Date
Print name			Title
Signature			Date
Print name			Title
Signature			Date
Print name			Title
Signature			Date
Print name			Title
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Application for Employer Identification Number

OMB No. 1545-0003

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested					
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name				
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box.)				
	4b City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions)				
	6 County and state where principal business is located					
	7a Name of responsible party	7b SSN, ITIN, or EIN				
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members ▶				
8c If 8a is "Yes," was the LLC organized in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.	<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____					
	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____					
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country				
10 Reason for applying (check only one box)	<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____					
	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
11 Date business started or acquired (month, day, year). See instructions.	12 Closing month of accounting year					
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; text-align: center;">Agricultural</td> <td style="width:33%; border-right: 1px solid black; text-align: center;">Household</td> <td style="width:33%; text-align: center;">Other</td> </tr> </table>				Agricultural	Household	Other
Agricultural	Household	Other				
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶						
16 Check one box that best describes the principal activity of your business.	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify)					
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.						
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶ _____						
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.					
	Designee's name	Designee's telephone number (include area code) ()				
	Address and ZIP code	Designee's fax number (include area code) ()				
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) ()				
Name and title (type or print clearly) ▶		Applicant's fax number (include area code) ()				
Signature ▶		Date ▶				