

Business Formation Checklist

Contact Name: _____ Contact Phone # _____

Proposed business name: _____

Business Type: (Circle One) LLC C-Corp S-Corp

Members / Partners Info:

1) _____
Name SS Number % Ownership

Address

2) _____
Name SS Number % Ownership

Address

(PLEASE USE ANOTHER PAGE IF ADDITIONAL SPACE IS NEEDED)

Physical Address of Business:

Mailing Address of Business (if different):

Business Phone #: _____

Credit Card # _____ Exp. Date _____ CSC Code _____

Billing Name & Address on Credit Card: _____

Sales Tax (Y/N) Payroll Tax (Y/N) Starting Date: _____

Business Description: _____

PLEASE NOTE: Your fees for our services will be billed to your credit card on record.