

**NEW LIMITED LIABILITY COMPANY QUESTIONNAIRE**

1. (a) Proposed Company Name:

Alternate Name(s):

(b) Do you plan to conduct business under a different name?

Yes       No

If yes, a Fictitious Business Name Statement will need to be filed and published. Please state the fictitious name and each county where you contemplate doing business:

Fictitious Name:

County(ies):

2. Office Locations:

(a) Principal Office

Address:

City: \_\_\_\_\_ County: \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Home Telephone Number: ( ) \_\_\_\_\_

3. Type of Business:

4. Who will be the Manager:

5. Please list names of Members below and their spouses. Please list social security numbers of everyone.

<u>Name of Member</u>	<u>Percentage of Ownership</u>	<u>Consideration Paid for Ownership</u>	<u>Social Security Number</u>

<u>Spouse's Name</u>	<u>Social Security Number</u>

6. Do you need a Buy-Sell Agreement?

7. Accounting Information:

(a) Fiscal Year for Company:

Date Beginning: \_\_\_\_\_ Date Ending:

(b) Method of Accounting for Company:

Cash       Accrual



8. Accountant for the Business:

Name:

Address:

City: \_\_\_\_\_ State \_\_\_\_\_ Zip:

Telephone: Res. ( ) \_\_\_\_\_ Bus. ( ) \_\_\_\_\_

9. Bank:

Name: \_\_\_\_\_ Branch:

\*Authorized Signature(s) or Withdrawal Authorization:

10. INTERNAL REVENUE SERVICE Employer I.D. Number Information:

(a) Approximate peak number of employees anticipated in the next twelve (12) months:

(b) First date wages will be paid to employees:

(c) To whom do you sell most of your products or services?

Business establishments       General Public

Other (Specify): \_\_\_\_\_