

MENDENFREIMAN

YOUR FUTURE IS HERE®

BUSINESS FORMATION QUESTIONNAIRE

This form 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 form 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 this form in advising you on your business and related matters.

Please submit the completed information packet, to us a few days before your scheduled appointment. If you cannot submit the packet to us beforehand, please bring it with you to your scheduled appointment.

A. CONTACT INFORMATION FOR KEY PERSON

Full Name: _____ Date of Birth: _____

Social Security Number: _____ Home/Work Phone: _____

Cell Phone: _____ Email: _____

Business Address:

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Home Address:

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

B. GENERAL

Type of Business: _____

Proposed names of business entity:

a) _____

b) _____

c) _____

Will the entity conduct business in another state? _____

Will you need an Employer Identification Number (EIN)? _____

What is the maximum number of employees expected in the next 12 months? _____

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

Will you seek financing for the business startup? _____

C. 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):

Name

Title

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):

D. PREPARATION FOR BUSINESS FORMATION

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

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

E. 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

F. REFERRAL INFORMATION

Who referred you to our office? _____

Company: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

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G. CERTIFICATION

The undersigned hereby represents to MendenFreiman LLP that the information contained in this questionnaire is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by MendenFreiman LLP may not be appropriate.

Signature of Client or Client Representative

Date

H. SUPPLEMENTAL INFORMATION

Provide any additional information or details below.

The completed questionnaire can be submitted via email to Candice Wheeler at cwheeler@mendenfreiman.com or faxed to 770.379.1455.