

Business Formation Questionnaire

1. Please check or describe the type(s) of entity you are considering:

- Corporation
- S Corporation
- Limited Liability Company
- General Partnership
- Limited Partnership
- Sole Proprietorship
- Limited Liability Partnership
- Other (describe: _____)

2. Indicate the state in which the organization is to be formed: _____

3. What is the proposed name of the entity and an alternative if the initial choice is not available?

4. Will you operate/conduct business under a name that is different than the full legal name of the entity? If so, please provide that name: _____

5. Please provide contact information for the new organization:
Mailing address: _____

Physical/Street address: _____

Phone: _____
Email: _____

6. Type of business and/or principal activity:

7. If known, please list the name and address of the registered agent for the new entity:

8. For each initial equity owner (e.g., founder or initial investor), provide the name, address, initial ownership percentage, and proposed capital contributions:

Name of Founder/Investor	Mailing Address	Initial %	Initial Capital Contribution
		100%	

9. Are all initial equity owners legal residents of the United States? **Yes** **No**

10. Will all initial equity owners receive the same rights to profits, voting, etc.? **Yes** **No**
If "No" is circled, please describe differences (attach additional pages if necessary):

11. If you desire restrictions on transfers, sales, or other dispositions of equity, please indicate in general terms what restrictions you contemplate:

12. Have loans or other advances been made to pay any initial or pre-formation expenses?
Yes **No** **Do Not Know**

If "Yes" is circled, please describe: (a) who made the loans, (b) what documentation evidences the loans, and (c) whether the business will repay the loans or convert the loans into equity:

13. Please list who you intend to be the initial director(s) of the corporation (or manager/s if forming an LLC or general partner/s if forming a partnership), responsible for management of the company and initial salary (if any):

Name	Mailing Address	Initial Salary

14. Please list the initial officers (optional if forming an LLC or partnership):

Officer	Mailing Address	Initial Salary
President:		
Treasurer:		
Secretary:		
Other (attach additional sheets if necessary):		

15. Who will sign documents (e.g. filings) and open bank accounts on behalf of the business:

16. Are there trademarks (logos, designs, etc.) that the business intends to use in its operations?

Yes **No**

If "Yes" is circled, please list:

17. First day wages will be paid (estimate if unknown): _____

18. Highest number of employees expected in next 12 months: _____

19. Does the business have an accountant? **Yes** **No**

If "Yes" is circled, please provide name and contact information of accountant:

If "No" is circled, would you like to receive a referral from Boyar Law Offices, PLLC?
