



## Business Formation Questionnaire

### **Entity Name and Type**

Please provide three options for desired name of the business in order of preference:

Desired Name of Business – (1): \_\_\_\_\_

Desired Name of Business – (2): \_\_\_\_\_

Desired Name of Business – (3): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Form of Business:  LLC  C Corporation  S Corporation  Non-profit  Limited Partnership  LLP

Other: \_\_\_\_\_

### **Registered Agent and Registered Office (All Entity Types)**

- Option 1 –  Designate Simplex Tax as the registered agent and registered office.
- Option 2 –  Designate your own registered agent and registered office. (fill out the information below)
  - A. The initial registered agent is an organization (cannot be entity named above) by the name of:  
\_\_\_\_\_

OR

- B. The initial registered agent is an individual resident of the state whose name is set forth below:

\_\_\_\_\_

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
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- C. The business address of the registered agent and the registered office address is:

\_\_\_\_\_

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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### **Management (LLCs Only)**

Will the limited liability company be managed my managers (similar to a board of directors) or by the members (the owners)?  Managers  Members

### **Managers/Members/Directors**

Please provide the name and address of the managers, members or directors of the entity:

Entity or Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

EIN/SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Ownership Class: \_\_\_\_\_

## Business Formation Questionnaire

Entity or Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

EIN/SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Ownership Class: \_\_\_\_\_

Entity or Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

EIN/SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Ownership Class: \_\_\_\_\_

(For additional managers/members/directors, please add additional sheets)

### **Authorized Shares (For-Profit Corporation Only)**

The total number of shares the corporation is authorized to issue is: \_\_\_\_\_

*(1,000,000 is the default)*

A. The par value of each of the authorized shares is: \_\_\_\_\_

OR

B. The shares have no par value.

### **Type of Business and Purpose**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Construction                 | <input type="checkbox"/> Real estate         | <input type="checkbox"/> Rental & leasing               |
| <input type="checkbox"/> Transportation & warehousing | <input type="checkbox"/> Finance & insurance | <input type="checkbox"/> Healthcare & social assistance |
| <input type="checkbox"/> Retail                       | <input type="checkbox"/> Wholesale-other     | <input type="checkbox"/> Other (specify) _____          |

The purpose should include at least one sentence which defines the principal activity and specific purpose for which the company is being formed (for example, what it will do to make a profit). If the business is being formed as a Special Purpose entity please list the specific reason.

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### **Employees & Sales Tax**

Will you have employees? \_\_\_\_\_ Yes/NO

If you will have employees what is the max number of employees anticipated in the first year? \_\_\_\_\_

Will you have sales or services subject to sales tax? \_\_\_\_\_ Yes/NO/Unsure ( we will discuss if you are unsure)

Will you need a transient room tax? \_\_\_\_\_ Yes/No/Unsure

Will you need a motor vehicle Tire tax? \_\_\_\_\_ Yes/No/Unsure

# Business Formation Questionnaire

## Accounting Year

Accrual \_\_\_\_\_ Cash \_\_\_\_\_

## Tax Matters Partner/Responsible Person

The IRS requires either an owner or person in authority (CEO or CFO) to be the responsible person regarding applying for an employer identification number and regarding tax matters. Please identify the individual or entity who will serve this role for your company:

Entity or Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

EIN/SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## S-Corp Election

Do you want to elect to be taxed as an S-Corp?  Yes  No

Once you have completed this form and signed the appropriate Engagement Agreement, you can e-mail both forms to maryann@simplextaxandaccounting.com. Simplex Tax & Accounting puts the security of the client at a high priority. This form contains highly sensitive information (ie. SSN). Therefore, it is advisable to encrypt the email when you send it to us. Unfortunately, full security of the email cannot be ensured as, despite our efforts, the data included in emails could be infected, intercepted, or corrupted. In the alternative, you can fax these documents to us at (606) 826-0318.

\*\*\*\* We need a drivers license for any and all owners\*\*\*\*\*