



LLC Formation Intake Form

1. Preferred Company Names: _____
(Provide 2 alternate names) _____

2. Initial Managers or Members (Include Full Name and Complete Address for each):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Is this a Professional Practice? _____ Is this a Non-Profit Company? _____

4. Will our law firm be designated as your required Registered Agent? _____
(The Registered Agent is an agent appointed by your company to received notice of any lawsuits or proceedings against your company)

5. Initial principal Place of Business of the LLC: _____
(Please provide complete street address) _____

6. In the event the LLC has more than 1 member, please designate the following:

President: _____

Secretary: _____

7. Ownership share of each LLC Member:

Member Name: _____	Ownership interest: _____
Member Name: _____	Ownership interest: _____
Member Name: _____	Ownership interest: _____
Member Name: _____	Ownership interest: _____

8. Please answer [ALL, A Majority, 2/3 vote, or 3/4 vote] for each of the following:

Amending the LLC agreement: _____

Admitting new LLC Members: _____

Transacting Unordinary Business: _____

9. Will profits and losses of the LLC to be allocated by ownership interest?: _____

10. Name and address of Bank for Company: _____

11. Which Members will be authorized to draw on bank accounts?:

12. Social Security Number of President (required to obtain EIN): _____

13. Type of business activity: _____

14. Services to be provided: _____

15. Business Phone Number: _____

16. How many current employees: _____

17. Maximum number of employees you expect over the next 12 months?: _____

18. Do you pay more than \$1,000 per year in employment taxes?: _____

19. Does your business involve transporting or using for transport large vehicles that exceed 55 tons?: _____