



**PREINCORPORATION QUESTIONNAIRE**

**1. NAME OF CORPORATION:**

First choice \_\_\_\_\_

Second choice \_\_\_\_\_

Third choice \_\_\_\_\_

**2. ADDRESS OF CORPORATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. DESCRIPTION OF BUSINESS:** \_\_\_\_\_

**4. LICENSING REQUIREMENTS/AGENCIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CURRENT LICENSE HELD:** Y/N? **LICENSEE NAME:** \_\_\_\_\_

\_\_\_\_\_ **LICENSE NUMBER:** \_\_\_\_\_

**5. NEW BUSINESS OR CHANGE OF ENTITY:**

Are you incorporating an existing business? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, what type of entity (sole Proprietorship, Partnership, etc.)? \_\_\_\_\_

**6. NUMBER OF AUTHORIZED DIRECTORS:** \_\_\_\_\_

**7. NAMES OF INITIAL DIRECTORS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. **NAMES OF OFFICERS:**

**SSN**

**CDL**

President \_\_\_\_\_

VP (optional) \_\_\_\_\_

CFO \_\_\_\_\_

Secretary \_\_\_\_\_

9. **STOCK:**

How many total shares are to be authorized? \_\_\_\_\_

How many shares are to be issued initially? \_\_\_\_\_

10. **REVOCABLE LIVING TRUST:**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, will the shares be held in name of Trust? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Trust Language: \_\_\_\_\_

11. **TYPE OF CORPORATION:**

Circle one:    Subchapter S. Election        C Corporation        Professional Corporation

12. **LOANS TO CORPORATION BY STOCKHOLDER(S):**

Name of Stockholder:

Amount Owed:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

13. **ACCOUNTANT:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

14. NAME OF STOCKERHOLDER(S):	SSN	NO. SHARES CONSIDERATION
1.		
_____	_____	\$ _____
<u>Spouse</u>		
_____	_____	\$ _____
2.		
_____	_____	\$ _____
<u>Spouse</u>		
_____	_____	\$ _____
3.		
_____	_____	\$ _____
<u>Spouse</u>		
_____	_____	\$ _____
4.		
_____	_____	\$ _____
<u>Spouse</u>		
_____	_____	\$ _____

15. **BANKING INFORMATION:**

Bank name \_\_\_\_\_

Branch address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Contact and Title \_\_\_\_\_

16. **OFFICE LEASE:**

Does Corporation lease office space from a third party? If so, attach a copy of the Lease Agreement.

Does Corporation lease offices from a stockholder? If so, give name of stockholder, term of lease and monthly payment:

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17. **EQUIPMENT LEASE:**

Does Corporation lease equipment from a third party? If so, attach a copy of the Lease Agreement(s).

Does Corporation lease equipment from a stockholder? If so, list equipment and give name of stockholder(s), term of lease(s) and monthly payment(s). Attach separate sheets as necessary:

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18. **FISCAL YEAR:**

Date Fiscal Year begins: \_\_\_\_\_

Date Fiscal Year ends: \_\_\_\_\_

19. **AGENT FOR SERVICE OF PROCESS:**

Name and address of the person who has consented to accept service on behalf of the Corporation:

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20. **AUTHORIZATION TO SIGN CONTRACTS:**

Names of all individuals authorized to execute contracts on behalf of the Corporation:

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21. **AUTHORIZATION TO SIGN CHECKS:**

Names of all individuals authorized to sign checks and transfer funds on behalf of the Corporation:

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22. **APPLICATION FOR TAX I.D. NUMBERS:**

Do you want us to apply for the following on your behalf?

Federal Tax I.D. Number (IRS):      Yes: \_\_\_\_\_ No: \_\_\_\_\_

State Tax I.D. Number (EDD):      Yes: \_\_\_\_\_ No: \_\_\_\_\_

23. **EMPLOYEES:**

Is the Corporation expected to have any Employees during its first year of operation?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

What is the first date the Corporation is expected to have employees? \_\_\_\_\_

24. **ANNUAL MAINTENANCE:**

Will our firm provide the Corporation with annual maintenance i.e., Annual Meeting Letter/Checklist, Annual Meeting & Minutes? Yes: \_\_\_\_\_ No: \_\_\_\_\_

25. **BUY SELL AGREEMENT.**      Yes: \_\_\_\_\_ No: \_\_\_\_\_

**OTHER AGREEMENTS** \_\_\_\_\_

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