



Corporation Formation Worksheet

(Please complete ALL items or indicate N/A if not applicable)

Client Name _____
Last First Middle or Maiden

Address _____
Number Street City State Zip

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Email Address(es) _____

Name of Corporation: _____

Two alternative names (second to be used if the first choice is unavailable):

Date to be Incorporated: _____ State of Incorporation: _____

Street address for principal office: _____

Mailing address for principal office: _____

Primary business telephone number: _____

Primary business contact name: _____

Primary business contact telephone number: _____

Is the entity to have a specific purpose or business? Yes (please explain below) No

If not, then entity will be authorized to engage in all business permitted by the Act. (Note: Specifying a purpose can result in a limitation, unless Articles otherwise provide.)

Brief statement of the kind or kinds of business actually to be engaged in: (Note: This is not the purpose clause to be included in the Certificate, but will be needed for obtaining the entity's Employer Identification Number with the Internal Revenue Service; for example, holding real estate, operating retail establishments, conducting manufacturing or market research):

Please check one box that best describes the principal activity of your business:

- | | |
|---|--|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Rental & leasing |
| <input type="checkbox"/> Transportation & warehousing | <input type="checkbox"/> Health care & social assistance |
| <input type="checkbox"/> Wholesale agent/broker | <input type="checkbox"/> Real estate |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance & insurance |
| <input type="checkbox"/> Other (specify) _____ | |

Please provide the following information. As required by law, only one name can be submitted for each category.

	Name	Address
Incorporator	_____	_____

Social Security No.	_____	
Registered Agent	_____	_____

Directors	_____	_____

	_____	_____

OFFICERS

President	_____	_____

Vice Pres.	_____	_____

Secretary	_____	_____

Treasurer	_____	_____

SHAREHOLDERS

Name	Address	# of Shares	\$ per Share
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Stock restrictions: _____

Fiscal year ending: _____

Subchapter S Selection? Yes No

If yes, please provide name and social security number of each shareholder's spouse:

Name	SS No.
_____	_____
_____	_____

Will the Corporation have paid employees, including household employees, during the first year of operation? Yes No If so, how many? _____

Should other provisions be included in the Articles of Incorporation? Yes No

If so, what _____

Annual Shareholders Meeting: When _____ Where: _____

Bank Resolutions: No. of Signatures Required: _____

Name of Account: _____

Bank and Branch: _____

Persons to Sign: _____

Are minutes to be prepared? Yes No If Yes, on what date? _____

If no date is specified, they will be on a convenient date on or shortly after the date of formation.

Should an IRS Application for Employer Identification Number be prepared? Yes No

(Note: IRS will send the EIN Number directly to the address listed as the principal place of business or the mailing address, if different.)

How did you learn of our office? Friend (name) _____ Yellow Pages

Bar Referral Our Web Page Former client (name) _____

Other _____

PLEASE SIGN AND DATE THIS
CORPORATION FORMATION WORKSHEET

(Signature)

Date ____/____/____

(Print Name)

Note: This office does not represent you with regard to the matters set forth by you herein in this information sheet or discussed during your consultation, unless and until, both you and the Attorney execute a written Agreement for Representation.
