



Limited Liability Company 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) _____

LLC Name: _____

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

Date desired to have LLC formed by: _____ State of organization: _____

Registered agent: _____

Mailing address for registered agent: _____

Street address for principal office: _____

Mailing address for principal office: _____

Primary business telephone number: _____

Primary business contact name: _____

Primary business contact telephone number: _____

Is term of existence perpetual? Yes No If no, term expires _____

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 <i>(specify)</i> _____ | |

Should membership interests be represented as percentage interests or as units?

Percentage interests _____ Units _____

Should a member's interest in the LLC be evidenced by a certificate of membership interest?

Yes No

Is management of the LLC to be vested in a manager or managers? Yes No

If so, provide the full names of the initial managers: _____

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

If so, what _____

Is the LLC to be taxed other than as a partnership? Yes No

If so, how is it to be taxed? _____

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

Provide the name and social security number of a manager or managing member. *(Note: For obtaining the Employer Identification Number for the entity with the Internal Revenue Service, and certain states may require this information in connection with foreign qualifications.)* If a business is the manager of managing member, please provide the EIN rather than the Social Security number.

Name	Title	Residence	SS No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will the LLC conduct business under a fictitious name? Yes No

If so, what fictitious name(s)? _____

Will the LLC need to qualify as a foreign LLC in other jurisdiction(s)? Yes No

If so, in what jurisdiction(s)? _____

Will the LLC have different classes of membership with respect to voting, economic interests, or other aspects of membership? Yes No

If so, describe how they will differ. _____

Are organization 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 there be a banking resolution? Yes No
If yes:

Depository Bank _____

Signatories (specify
whether they are
identified by name or
title) _____

Number of persons to sign checks _____ to borrow funds _____

Fiscal year ending: _____

PLEASE CHECK YOUR CHOICE IF YES:

- C T Corporation System
- Corporation Guarantee and Trust
- Corporation Service Company
- Other (*specify*) _____

If resolutions authorizing the initial issuance of membership interests and the consideration to be received therefore are to be included in the organizational minutes, please complete the following:

- (a) Membership interests issued for payment in cash:

(Note: Unless otherwise specified, the formation date will be the date recorded as the issue date on the stock certificate.)

<u>Name of Member</u>	<u>Number of Interests</u>	<u>Amount and Nature of Contribution</u>
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(b) Interests issued for payment in property:

<u>Name of Member</u>	<u>Number of Interests</u>	<u>Type and Value of Property</u>
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(c) Interests issued for consideration of labor already done:

<u>Name of Member</u>	<u>Number of Interests</u>	<u>Description of Services Performed</u>
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(Note: If you wish us to prepare a resolution describing the consideration to be received for the initial issuance of interests, please supply the necessary information together with instructions.)

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
LIMITED LIABILITY COMPANY FORMATION WORKSHEET

(Signature)

Date ____/____/____

(Print Name)

*Note: The questions that need to be asked with respect to the provisions to be included in an operating agreement are too varied for a client to address by filling in a worksheet. The issues need to be discussed by the lawyer and client. Tax counsel needs to be involved. The forms of operating agreements contained in this work point the way to the issues that need to be discussed. **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.***

This portion to be completed by the Attorney

Interviewed by _____ this ____ day of _____ 20____

Notes: _____

