

CLIENT BUSINESS ORGANIZATION QUESTIONNAIRE

PLEASE NOTE: IN ORDER FOR ME TO PROPERLY PREPARE YOUR ORGANIZATIONAL DOCUMENTS, I NEED YOU TO COMPLETE THE INFORMATION CONTAINED ON THE FOLLOWING PAGES. YOUR COMPLETION OF THIS INFORMATION WILL SPEED UP THE PROCESS OF CREATING YOUR CORPORATION AND ASSURE THAT WE HAVE ACCURATE INFORMATION. IF YOU HAVE NOT MADE A DECISION ON ANY PARTICULAR AREA, PLEASE LEAVE IT BLANK.

IN ADDITION TO THE INFORMATION ON THIS SHEET, PLEASE BRING THE FOLLOWING TO OUR INITIAL MEETING:

- 1) If the business is to acquire an existing business, a copy of the most recent income statement, balance sheet, and federal income tax return for the business and a detailed list of the liabilities of the business.
- 2) If this business is to purchase any other business, a copy of whatever information you have about the purchase.
- 3) All tax identification numbers for existing business which are being transferred into the corporation.

CLIENT INFORMATION

Client Name: _____

Address: _____

Office Phone: _____ Home Phone: _____

Fax Number: _____ Pager Number: _____

Cell Phone No.: _____ Email Address: _____

ENTITY INFORMATION:

Name Choices:

1st: _____

2nd: _____

3rd: _____

Principal Office Address: _____

BASIC INFORMATION:

YES

NO

Is this a new business:
If not, how long has the existing business
been in existence? _____ years.

Will the business operate in any other states? _____

Is this corporation, LLC or Partnership going
to purchase an existing corporation? _____

Is an existing business going to be transferred to
the new corporation? _____

Will the shareholders/partners/members include any
non-Georgia residents? _____

Will the shareholders be attempting to sell shares in
in the corporation to others? _____

Are you going to obtain any loans for your new business? _____

Do you or your spouse have any ownership in any other
business, partnership, or corporation? _____

Are any shares going to be issued for services? _____

Do you intend to assign any income right to the
new corporation? _____

Will you be operating under a name other than
the exact corporate name? _____

When do you anticipate paying any compensation?
_____, 20____.

Provide the name and address of the bank where the entity's account will be opened:

Please describe the nature of the business to be conducted by the corporation (if
profession, identify the profession).

ORGANIZATIONAL MATTERS:
Shareholder/Partner Information

Full Name: _____ Address: _____
Shares: _____
Percentage of Equity: _____ %
Initial Capital Contribution \$ _____ Phone No.: _____
Social Security No. _____ Email: _____

Full Name: _____ Address: _____
Shares: _____
Percentage of Equity: _____ %
Initial Capital Contribution \$ _____ Phone No.: _____
Social Security No. _____ Email: _____

Full Name: _____ Address: _____
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	<u>Name</u>	<u>Address</u>
<u>Directors:</u>	_____	_____
	_____	_____
	_____	_____
	_____	_____

Officers: President: _____ Equity Holder? Yes
 Vice President: _____ Equity Holder? Yes
 Treasurer: _____ Equity Holder? Yes
 Secretary: _____ Equity Holder? Yes
 Asst. Secretary: _____ Equity Holder? Yes

TAX ELECTIONS:

* Choice of Tax Year: _____

* Choice of Accounting Method: _____

* An LLC with one member may be taxed as a *proprietorship or division*, as a “C” corporation, or as an “S” corporation.

* An LLC with two or more members may elect to be taxed as a *partnership*, as a “C” corporation, or as an “S” corporation.

* A corporation may elect to be taxed as “C” *corporation* or as an “S” Corporation.

* A partnership (including an LLP) may elect to be taxed as a *partnership*, or as a “C” corporation.

The default classification, when no election is made, is the italicized above.

Alternative tax election? Yes No

C Corporation Alternative S Corporation Alternative

REGISTERED AGENT

Beth S. Hilscher, P.C. will serve as registered agent of your Corporation for no additional charge. Do you wish for someone other than Beth S. Hilscher, P.C. to serve as Registered Agent: Yes No

Name, address (physical address—no P.O. Box) and phone number of Alternative Registered Agent _____

TRANSFERS:

Assets: The following assets will be transferred to the corporation:

<u>ASSET</u>	<u>OWNER</u>	<u>VALUE</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Liabilities: The following liabilities will be assumed by the corporation or are secured by any of the assets being transferred to the corporation:

<u>LIABILITY</u>	<u>DEBTOR</u>	<u>PRESENT BALANCE</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Contracts: The following contracts will be transferred to the corporation:

<u>OTHER PARTY</u>	<u>TRANSFERRING PARTY</u>	<u>PURPOSE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BENEFITS: Will the entity provide any of the following benefits or seek the following agreements?

Health Insurance Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Reimbursement Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Life Insurance Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retirement (401(k), etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employment or Management Agreements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Compensation Agreements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expense Reimbursement Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restrictive Covenants (Non-compete/Non-disclosure)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Buy-Sell Agreement(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stock (Equity) Transfer Restrictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OTHER ADVISORS:

Name

Phone

Accountant:

Banker:

Insurance:

Financial:

Other Attorney(s)

Other:

COMMENTS/QUESTIONS:
