



826 Brookside Ave., Suite C • Redlands • California • 92373 • (909) 335-0155

BUSINESS ENTERPRISE WORKSHEET

Entity Name _____

- Type of Entity:** Corporation S Corporation C Corporation
- Limited Liability Company Member Managed Manager Managed
- Non-Profit Corp. Public Benefit Mutual Benefit Religious

DBA Name, if desired (additional fees apply): _____

NAMING GUIDELINES:

- A general corporation cannot use the words "Bank", "Trust", "Trustee," or related words in its name. The corporation is not required to use a corporate designator in its corporate name (such as "Inc.," "Corp," "Incorporated" or "Corporation") However, it is advisable to include one so that the individuals the corporation does business with knows it is a corporation.
- LLC's cannot use the words "Bank", "Insurance," "Trust", "Trustee", "Incorporated," "Corporation," or use the abbreviation "Inc.," or "Corp" in its name. An LLC must include one of the following designators in its name: "LLC", "L.L.C.", "Ltd. Liability Company" or "Limited Liability Company".

- Is the name reserved?** Yes, the name reservation number is: _____
- No, it is not necessary to reserve the name.
- No, please reserve it for me. (additional fees will apply)

(Before you make a decision on whether or not to reserve the name, you may want to ask the LDA what the processing time to file documents via mail with the Secretary of State is. This can greatly affect an entity name availability. Rush walk-in service is available for an additional fee.)

Principle Address: (Street, City, State, Zip) _____

Initial Street Address: Same Other _____

Initial Mailing Address: Same Other _____

REGISTERED AGENT FOR SERVICE OF PROCESS: The agent for service of process must maintain a physical address with the state of California. The agent can either be an adult or another corporation that has filed a 1505 certificate.

AGENT INFORMATION:

Name : _____ Address: _____

Telephone _____

BUSINESS ORGANIZATION PURPOSE: (Nonprofit corporations must include detailed Statement of Purpose – use separate sheet if necessary) _____

ANNUAL MEETINGS:

Would you like a specific date for your annual meetings? Yes _____ (give date) No

Fiscal Tax Year End: December 31st Other _____ (give date)

Accounting Method Cash Accrual

FOR LIMITED LIABILITY COMPANIES ONLY:

Capital On Initial Investment (Capital Contribution)

Name _____ Amount \$ _____ Date: _____

Name _____ Amount \$ _____ Date: _____

Name _____ Amount \$ _____ Date: _____

Name _____ Amount \$ _____ Date: _____

(if more space is needed, please use an extra sheet of paper)

Membership Vote for Allocations:

Unanimous Per Capital Majority

Majority of Profits and Interests

Majority of Capital Interests

Majority of Profits and Capital Interests

FOR CORPORATIONS ONLY

Authorized Shares of Stock: _____. This figure represents the total number of shares that your corporation is AUTHORIZED to issue. Your corporation is not required to issue ALL of the authorized shares. A small number of Authorized Shares may restrict your corporation’s ability to distribute ownership. A large number of Authorized Shares could negatively impact a corporation’s tax liability.

S-Selection: Do you want to make the S-corporation Election? YES No

Stockholders: All Officers All Directors All Officers/Directors Individuals listed below

(You do not need to complete the information below if one of the boxes above is checked as this information will be provided elsewhere in this questionnaire). Complete the Social Security section only if you are making the S-Election.

1. _____
Name Address Social Security No.
2. _____
Name Address Social Security No.
3. _____
Name Address Social Security No.
4. _____
Name Address Social Security No.

(if more space is needed, please use an extra sheet of paper)

OFFICERS (all business Entities MUST fill out this section)

President:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____

Vice President:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____

Secretary:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____

Treasurer:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____

(if more space is needed, please use an extra sheet of paper)

Other:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____

Other:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____

(if more space is needed, please use an extra sheet of paper)

CORPRATE DIRECTORS

LLC MEMBERS

(Address telephone numbers and social security information does not need to be repeated here if previously provided in "Officer Section" above. After providing Director or LLC member's Name, print "SAME AS ABOVE" across the Address/Telephone Section)

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

SSN: _____

For LLC's ONLY: Item Contributed Cash Services
Fair Market Value of contribution \$ _____
Percentage of ownership: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

SSN: _____

For LLC's ONLY: Item Contributed Cash Services
Fair Market Value of contribution \$ _____
Percentage of ownership: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

SSN: _____

For LLC's ONLY: Item Contributed Cash Services
Fair Market Value of contribution \$ _____
Percentage of ownership: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

SSN: _____

For LLC's ONLY: Item Contributed Cash Services
Fair Market Value of contribution \$ _____
Percentage of ownership: _____

(if more space is needed, please use an extra sheet of paper)

TAX IDENTIFICATION NUMBER (You do not have to fill out this section if you already have an EIN or if you are electing not to have one):

EIN (Tax ID) Needed: YES No

Will the corporation have employees? YES No If YES, how Many? _____

If applicable, date 1st Wages were Paid _____ Estimate of employees in the next 12 mos. _____

Business Activity:

CONSTRUCTION

REAL ESTATE

RENTAL & LEASING

MANUFACTURING

TRANSPORTATION & WAREHOUSING

FINANCE & INSURANCE

HEALTHCARE & SOCIAL ASSISTANCE

WHOLESALE AGENT/BROKER

WHOLESALE OTHER

RETAIL

OTHER: _____

Principle line of merchandise sold, specific construction work done, products produced, or services provided:

ACKNOWLEDGMENT AND AUTHORIZATION

I understand that the Legal Document Assistant preparing my document(s) is NOT an attorney, cannot select forms and DOES NOT give legal advice. I hereby direct the Legal Document Assistant to type and perform certain services as outlined in the CONTRACT FOR SERVICES which we each executed regarding this matter. I further declare that the foregoing information which I have provided is, to the best of my knowledge, true and correct.

Dated:

Signature