

Incorporation Services Checklist

Contact Information

Contact Name..... Phone #

Mailing Address

e-mail..... Cell

DESIRED COMPANY INFORMATION

Desired Name.....

Alternative Name.....

Physical Address, if different

This business shall be a/an LLC S-Corporation C-Corporation

Industry Construction? Y/N

Partner/Shareholder 1 name..... SS#/ITIN
address City, State, Zip
ownership % Title President Vice-President Secretary Treasurer Manager

Partner/Shareholder 2 name..... SS#/ITIN
address City, State, Zip
ownership % Title President Vice-President Secretary Treasurer Manager

Partner/Shareholder 3 name..... SS#/ITIN
address City, State, Zip
ownership % Title President Vice-President Secretary Treasurer Manager

Partner/Shareholder 4 name..... SS#/ITIN
address City, State, Zip
ownership % Title President Vice-President Secretary Treasurer Manager

Comments

This is NOT a contract and I will not incur any cost or have any obligation to follow through. With my signature I warrant that all information given is accurate and that I have the consent of everybody named above.

Signature Date