

LLC FORMATION QUESTIONNAIRE

LLC Name: _____

DBA, if any: _____

LLC Mailing Address: _____

LLC Physical Address: _____

NAICS Code or Type of Business to be Conducted: _____

Registered Agent (person who can accept service of process on LLC's behalf):

Name: _____

Physical Address: _____

Mailing Address: _____

How much will be invested (\$ amount) in any consecutive 12-month period? _____

Will the LLC be managed by the members or a manager? _____

Name of initial managing member or manager of the LLC? _____

SSN of Managing Member or Manager (for EIN purposes): _____

Is this a continuation of an existing business? _____

Name of existing business: _____

Who is the accountant that you would like us to work with? _____

Credit Card Information for Online Filing (\$250 filing fee for Articles of Organization, \$50 for State of Alaska Business License):

Name on Credit Card: _____

Credit Card # _____

Expiration Date: _____ 3-digit code _____

Does your business own a highway motor vehicle with a taxable gross weight of 55,000 pounds or more?*	Y	N
Does your business involve gambling/wagering ?*	Y	N
Does your business need to file Form 720 (Quarterly Federal Excise Tax Return)?*	Y	N
Does your business sell or manufacture alcohol, tobacco, or firearms?*	Y	N
Do you have, or do you expect to have, any employees who will receive Forms W-2 in the next 12 months?*	Y	N
(Forms W-2 require additional filings with the IRS.)		

INFORMATION ON LLC MEMBERS

Please use full names and the address to be of records with the estate as the information below are how they will appear on your articles of organization and other formation documents that will be submitted online.

Name: _____
SSN: _____
Address: _____
Phone: (W) _____ (H) _____ Fax _____
E-mail: _____
% of LLC: _____ Initial Contribution: \$ _____

Name: _____
SSN: _____
Address: _____
Phone: (W) _____ (H) _____ Fax _____
E-mail: _____
% of LLC: _____ Initial Contribution: \$ _____

Name: _____
SSN: _____
Address: _____
Phone: (W) _____ (H) _____ Fax _____
E-mail: _____
% of LLC: _____ Initial Contribution: \$ _____

Name: _____
SSN: _____
Address: _____
Phone: (W) _____ (H) _____ Fax _____
E-mail: _____
% of LLC: _____ Initial Contribution: \$ _____

Name: _____
SSN: _____
Address: _____
Phone: (W) _____ (H) _____ Fax _____
E-mail: _____
% of LLC: _____ Initial Contribution: \$ _____

Please return this information to our office prior to your first meeting.