

ALBERTSON LAW GROUP, P.S.
ATTORNEYS AND COUNSELORS AT LAW

FAMILY BUSINESS AND ESTATE PLANNING SINCE 1968

BUSINESS LAW QUESTIONNAIRE

Please complete this form as thoroughly as possible.
If you do not know the answer to a question, place a *
by it, and we can discuss the answer

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I. Contact Person

Name _____

Address _____

City _____ State _____ Zip _____

Your Social Security Number _____

Business Telephone _____

Home Telephone _____

Fax _____

Email _____

Website URL (if applicable) _____

How did you hear about our firm? _____

Which of the following services will you be needing? _____

<u>SERVICE INFORMATION</u>	<u>YES</u>	<u>NO</u>	<u>Need More Info</u>
Creating entity (e.g. Corporation, LLC)			
Assistance with business plan			
Registered agent services			
Trademark/copyright			
Assistance making your business more profitable			
Training/Workshops			
Purchase/Sale Assistance			
Employment contracts			
General business advice			
Exit Planning (Buy-Sell, etc.)			
Employee Benefits Plans			

Other (please explain): _____

Do you currently own/operate a business? Yes No

If yes, please give details under question 2 below. If no, please go to question 3.

2. Details of Your Existing Business

Please complete for each business owned. (If you are starting a new business go to Section 3)

Name of Company: _____

EIN: _____ UBI: _____

Corporation LLC Limited Partnership General Partnership

Other _____

Tax Status: S Corp C Corp

Principal business address: _____

Mailing address (if different): _____

Telephone: _____

Any other offices? If yes, give addresses:

Names/Addresses of each owner/shareholder/partner/member:

Number of Employees: _____ Average Gross Income for last 3 years: _____

Please explain what your business does:

4. Details of a New Business

If you are starting a new business, please complete below:

What do you intend to do? _____

What Will the Name of your Business be? _____

If that name is already taken, what would be an alternate name? _____

How many employees to you plan to have the first year? _____

What amount of money, if known will you be initially investing? _____

Will you be raising capital from outside investors for this business? _____

Please give the names and residence addresses of all initial shareholders/partners/owners:

Name	Address	Officer Title	Percent Owned
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Please answer the following questions if you are able. (If you need to discuss these during our meeting, leave them blank.)

Who would you want to designate as Registered Agent for your company (Full name and street address)? _____

(Note: The Registered Agent is the person designated by the company to be served with legal papers in the event of a lawsuit, and is also charged with filing the annual report and annual license. Many of our clients designate our firm as Registered Agent. We provide an annual service as Registered Agent, which includes helping you through a simple annual compliance audit, preparing annual minutes of the company, filing the annual license and annual report. Our fee for this is \$225 per year, plus the State's annual filing fee)

What will be the street business address of your business? _____

What will be the PO Box (if any) of your business? _____

5. Other Information

Professionals you have relationships with:

Accounting firm:

Law firm:

Financial Advisors:

I would like a referral to:

- CPA
- Financial Advisor
- Other _____

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