

ATTORNEYS AT LAW

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* McLeod & Associates, P.A.,
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NON-PROFIT/TAX-EXEMPT ENTITY QUESTIONNAIRE

Thank you for requesting our Non-Profit/Tax-Exempt Entity Questionnaire. In order to better serve your needs, please review and complete the following information and return the completed Questionnaire to our office. We will then prepare an engagement letter and provide you with an estimate of fees with respect to this engagement. If you have any questions, please contact our office. Completion of this Questionnaire does not mean we are representing you. You will need to sign an engagement letter before representation can begin.

Thank you for selecting our firm to possibly represent you with respect to Non-Profit/Tax-Exempt Entity. We look forward to hopefully working with you.

Contact Information:

1. Your Name: _____
2. Your Address: _____
3. Home phone: _____ Office: _____ Cell: _____
4. Your email address: _____
5. Your Place of Employment: _____

Address: _____

Business Information:

1. Company Name (if available with Secretary of State): _____
2. Alternate Company Name: _____
3. State of Formation: _____
4. List all States in which you intend to do business: _____
5. Starting Date of Company: _____
6. Principal Place of Business: _____
7. Primary Phone Number: _____
8. Primary Fax: _____
9. Primary Email: _____
10. Mailing Address (if different): _____
11. Is this a new business? ____ If not, how long have you been in business? _____
12. Will this Business be a Parent/Subsidiary of another business: _____
13. Will this Business be closely affiliated with another business: _____
14. Type of Organization (circle all that apply)
Religious, Educational, Charitable, Scientific Literary, Testing for Public Safety,
Amateur Sports Competition, Prevention of Cruelty to Children or Animals, Civic
Leagues, Social Welfare Organizations, Local Associations, Labor /Agricultural/
Horticultural Organizations, Business Leagues, Chambers of Commerce, Real Estate
Boards, Social/Recreational Clubs, Fraternal Societies, Armed Forces Organizations/
Posts, Farmer's Cooperatives, Other (specify): _____
15. Charitable Purpose:(attach additional sheet) _____
16. Has this business been previously approved for tax-exempt status? (If so, when?) _____
17. Will the business have Employees? How many? _____
18. Highest Number of Employees expected in the next 12 months: _____
19. First date wages were/will be paid: _____
20. Fiscal Year End: _____
21. Has this business ever applied for a Tax ID Number. (If so, please provide EIN.) _____
22. Bank Name/Address: _____
23. FOR LLCs, Who will manage the business:
 - a. Member(s) or Manager(s): _____

- b. If Manager-managed, list successor Manager: _____
- c. Tax Matters Member (who will be responsible for dealing with the IRS): _____
- d. Successor Tax Matters Member: _____

24. FOR CORPORATIONS, Who will manage the business:

I. Officers (Name and contact information):

- a. President: _____
- b. Vice-President: _____
- c. Secretary: _____
- d. Treasurer: _____
- e. Directors: _____

II. Directors (can be same as Officers):

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

25. Asset to be transferred to/acquired by the Business:

- a. Cash: _____
- b. Real Property: _____
- c. Other: _____

26. Special Provisions: _____

AUTHORIZATION TO DISCLOSE INFORMATION

As an attorney, my firm and I are required to keep your information confidential unless you specifically allow us to disclose it to others. The Federal Trade Commission requires anyone giving significant "financial advice" to let you know their policy of disclosure of information. The Federal Trade Commission requirement is found at 16 CFR § 313.4 (C)(3)(c). Our policy is to not disclose anything about your financial information to others if not specifically allowed and instructed to do so by you.

Only you can choose to allow our firm and me to disclose information about your legal and financial matters to others. The following is a list of your instructions about people you authorize my firm and me to provide any such information to. We will disclose only such information as we may believe to be in your best interest.

I, _____ (client), authorize McLEOD & ASSOCIATES, P.A., and my attorney, WILLIAM E. McLEOD, to communicate with the following people about my financial or legal matters. ("Now" means at any time prior to my incapacity.)

	Now	After Incapacity
_____ Any Beneficiary: _____	_____	_____
_____ <u>Except:</u> _____	_____	_____
_____ My Trustee, Power of Attorney Agent, or Health Care Agent: _____	_____	_____
_____ My Accountant, Banker, or Financial Planner:	_____	_____
_____ My Insurance Agent:	_____	_____

Other Instructions:

Dated: _____

(Signature)