

ATTORNEYS AT LAW

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BUSINESS ENTITY FORMATION QUESTIONNAIRE
(FOR PROFIT ONLY)

Thank you for requesting our Business Entity Formation Questionnaire. In order to better serve your needs, please review and complete the following information and return 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 should have any questions, please do not hesitate to 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 your business formation. 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 for 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. Type of Business: (C Corp., S Corp., LLC, LP): _____
12. Number of Shareholders/Members: _____
13. Will this business be a Parent/Subsidiary of another business: _____
14. Purpose (i.e., construction, retail, real estate holdings): _____
15. If this a new business? _____ If not, how long have you been in business? _____

Ownership (Member/Shareholder/Partner):

1. Owner #1
 - a. Name: _____
 - b. Title: _____
 - c. Address: _____
 - d. Phone/Fax: _____
 - e. Email: _____
 - f. Date of Birth: _____
 - g. Social Security Number: _____

- h. Percentage of Ownership: _____
- i. Contribution Amount: _____

2. Owner #2

- a. Name: _____
- b. Title: _____
- c. Address: _____
- d. Phone/Fax: _____
- e. Email: _____
- f. Date of Birth: _____
- g. Social Security Number: _____
- h. Percentage of Ownership: _____
- i. Contribution Amount: _____

3. Owner #3

- a. Name: _____
- b. Title: _____
- c. Address: _____
- d. Phone/Fax: _____
- e. Email: _____
- f. Date of Birth: _____
- g. Social Security Number: _____
- h. Percentage of Ownership: _____
- i. Contribution Amount: _____

(If more than three (3) Owners, please attach additional sheets.)

- 4. Will the business have Employees? _____ How many? _____
- 5. Highest Number of Employees expected in the next 12 months: _____
- 6. First date wages were/will be paid: _____
- 7. Do you expect to pay less than \$1,000 in Employment taxes during a full calendar year? (If you expect to pay less than \$4,000 in total wages during a full calendar year, choose yes.) YES or NO
- 8. Fiscal Year End: _____
- 9. Has this business ever applied for a Tax ID Number? (If so, please provide EIN.) _____
- 10. Bank Name/Address: _____
- 11. 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: _____

12. 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. _____

13. Special Provisions:

14. Are you interested in having a Buy/Sell Agreement prepared for your Company? Yes__No__

15. Do you have an accountant or CPA?____ If yes, please provide name, address, phone number and email address: _____

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

	Now	After Incapacity
_____ My spouse and any Child of mine: _____ <u>Except:</u> _____ _____	_____	_____
_____ My Trustee, Power of Attorney Agent, or Health Care Agent: _____	_____	_____
_____ My Accountant, Banker, or Financial Planner:	_____	_____
_____ My Insurance Agent:	_____	_____
_____ Other _____:	_____	_____

Other Instructions:

Dated: _____, 201__

(Signature of Client)

Dated: _____, 201__

(Signature of Client)