

ATTORNEYS AT LAW

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* McLeod & Associates, P.A.,
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BUSINESS PLANNING QUESTIONNAIRE

Thank you for requesting our Business Planning 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 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 your business planning. We look forward to the opportunity of 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: _____
2. D/B/A Name: _____
3. State of Formation: _____
4. List all States in which you 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/Partners: _____
13. Is this business a Parent/Subsidiary of another business? _____
14. Purpose of Business (i.e., construction, retail, real estate, investment, etc.):

15. Is 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. Does the business have Employees? _____ If so, 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 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 manages 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 manages the business:

I. Officers (Name and contact information):

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

II. Directors (Name and Contact Information):

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

13. Other Information related to the corporation: _____

- (a) Is the corporation involved in litigation? Yes No
- (b) Is the corporation subject to tax liens? Yes No
- (c) Is the corporation in bankruptcy? Yes No
- (d) Other _____

14. Does the company have a Buy/Sell Agreement? Yes ___ No ___. If not, do you want a Buy/Sell Agreement prepared for your Company? Yes ___ No ___

15. Do you have an accountant or CPA? ___ If yes, please provide the name, address, phone number and email address of the accountant/CPA. _____

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)