

**ATTORNEYS AT LAW**

10 Professional Parkway  
Hattiesburg, MS 39402  
Telephone: (601) 545-8299  
Facsimile: (601) 545-8298

**Attorneys:**

William E. McLeod, LL.M. (Tax), JD, CPA\*  
[bmcLeod@eptaxlaw.com](mailto:bmcLeod@eptaxlaw.com)

Matthew W. Rigel, JD  
[mrigel@eptaxlaw.com](mailto:mrigel@eptaxlaw.com)

Will Russell, LL.M. (Tax), JD, Of Counsel

Jane C. Harkins, LL.M. (Estate Planning), JD\*\*  
Of Counsel

\* McLeod & Rigel, P.A., is not a CPA firm

\*\*Also admitted in Alabama

**Paralegals:**

Nicole Sanders  
[nsanders@eptaxlaw.com](mailto:nsanders@eptaxlaw.com)

Heather Stanley  
[hstanley@eptaxlaw.com](mailto:hstanley@eptaxlaw.com)

**Administrative Assistant:**

Linda Welborn  
[lwelborn@eptaxlaw.com](mailto:lwelborn@eptaxlaw.com)

**Legal Assistants:**

Savannah Gee  
[sgee@eptaxlaw.com](mailto:sgee@eptaxlaw.com)

Teresa DiGerolamo  
[tdigerolamo@eptaxlaw.com](mailto:tdigerolamo@eptaxlaw.com)

---

**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. 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. 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 & RIGEL, 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.)

	<b>Now</b>	<b>After Incapacity</b>
_____ 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)