



INCORPORATION INTAKE FORM

1. Possible corporate names-
List 3 names in order of priority:

- A. _____
- B. _____
- C. _____

2. Initial agent for service of process-
i.e. contact person for official matters:

- Name: _____
- Address: _____
- _____

3. Number of Shares of Common Stock to be
 Issued (*traditionally 1,000,000 shares*):

4. Board of Directors (1-4):

Full Name: _____

Address: _____

Full Name: _____

Address: _____

Full Name: _____

Address: _____

Full Name: _____

Address: _____

5. Shareholders' information, including percent of ownership and consideration, *i.e. either (i) money paid, (ii) property contributed, or (iii) the value of prior uncompensated services rendered to the Corporation, paid to the Corporation for their stock allocation:*

<u>Name</u>	<u>Address</u>	<u>Social Security#</u>	<u>Ownership %</u>	<u>Consideration</u>
<u>Name</u>	<u>Address</u>	<u>Social Security#</u>	<u>Ownership %</u>	<u>Consideration</u>
<u>Name</u>	<u>Address</u>	<u>Social Security#</u>	<u>Ownership %</u>	<u>Consideration</u>
<u>Name</u>	<u>Address</u>	<u>Social Security#</u>	<u>Ownership %</u>	<u>Consideration</u>



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6. Officer assignments (*full name, including address*):

<u>President</u>	<u>Address</u>
<u>Vice President</u>	<u>Address</u>
<u>Secretary</u>	<u>Address</u>
<u>Treasurer</u>	<u>Address</u>

7. For Subchapter “S” corporations ONLY, provide the following information for each shareholder and spouse of the shareholder:

<u>Name</u>	<u>Address</u>	<u>Social Security#</u>
<u>Name</u>	<u>Address</u>	<u>Social Security#</u>
<u>Name</u>	<u>Address</u>	<u>Social Security#</u>
<u>Name</u>	<u>Address</u>	<u>Social Security#</u>

8. Location of principal executive office (*no P.O. Box*) for public records:

<u>Address</u>	<u>Phone #:</u>	<u>Fax and Email</u> <u>Nos.</u>
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9. List the Corporation's banks and signatories (*acting alone or in combination*):

<u>Bank Name</u>	<u>Address</u>	<u>Bank Phone</u>	<u>Signatories</u>

10. Accounting year (designate calendar year or fiscal year): _____

11. Accountant's information:

<u>Name</u>	<u>Address</u>	<u>Phone</u>

12. If the Corporation is outgrowth or continuation of a predecessor, name of predecessor, type of organization, period of existence: _____

13. Provide a one line summary detailing the nature of your business:

14. List the first date when you expect to pay employees of the new Corporation: _____

15. Do you expect your employment tax liability to be \$1,000 or less in a full calendar year?

16. List the maximum number of employees you anticipate having during the first year of business: _____

17. Notes / Comments:
