

# **THE POCKET LAWYER<sup>®</sup>**

## **Document Preparation Service**

### **/// Workbook ///**

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✍️ “We Help You Help Yourself” ✍️

**FORMING A CORPORATION OR LLC**



**PART "A"**

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# **THE POCKET LAWYER<sup>®</sup>**

## *Document Preparation Service Workbook*

**“Self-Help” Series**

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# The Pocket Lawyer® Document Preparation Service

## Business Formation Client Questionnaire

INSTRUCTIONS: Answer All questions with an answer or a N/A. Today's date \_\_\_\_\_  
 If more space is needed, use the space below or attach blank pages.

### INFORMATION ABOUT THE ORGANIZER

1	First name	Middle	Last
2	Social Security #	Tax ID #	DOB
3	Street Address		Apt.
4	City	State	Zip
5	Telephone, business	Telephone, cell	

### INFORMATION ABOUT THE BUSINESS

6	Check the type of business you want: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company(LLC) <input type="checkbox"/> "C" Corporation <input type="checkbox"/> "S" Corporation	
7	In what State do you want to incorporate the corporation or organize the LLC:	
8	Name of Company (1 <sup>st</sup> choice)	
9	Name of Company (2 <sup>nd</sup> choice)	
10	Name of Company (3 <sup>rd</sup> choice)	
11	If a Corporation, check the ending you want: <input type="checkbox"/> Corporation <input type="checkbox"/> Corp. <input type="checkbox"/> Incorporated <input type="checkbox"/> Inc. <input type="checkbox"/> Company <input type="checkbox"/> Co.	
12	If an LLC, check the ending you want: <input type="checkbox"/> LLC <input type="checkbox"/> L.L.C. <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Ltd. Liability Co.	
13	What is the principal business activity of the company?	
14	Address of business	
15	Telephone, business	e-mail
16	Mailing address of business (if different)	
17	If a Corporation, total number of shares of stock authorized to issue:	<input type="checkbox"/> Par value:
18	Latest date on which the company is to dissolve: <span style="float: right;"><i>(If a Corporation, it can be perpetual)</i></span>	

### AGENT FOR SERVICE OF PROCESS

19	Do you want the Pocket Lawyer to be your Agent for Service of Process (Registered Agent) <input type="checkbox"/> YES (skip to #24) <input type="checkbox"/> NO If NO, insert name of Agent here and complete #20-23 Name of agent		
20	Street address of initial agent		
21	City	State:	Zip
22	Social Security #	DOB	
23	Telephone, home	Telephone, business	

Business Formation Questionnaire (continued)

If additional space is needed, number and insert below.


**INFORMATION ABOUT THE INITIAL DIRECTOR(S) (Corporation)**

24	Name of first initial director		
25	Street address		
26	City	State:	Zip
27	Social Security #		Telephone, business
28	Name of second initial director		
29	Street address		
30	City	State	Zip
31	Social Security #		Telephone, business
32	Name of third initial director		
33	Street address		
34	City	State	Zip
35	Social security #		Telephone, business
36	Name of fourth initial director		
37	Street address		
38	City	State	Zip
39	Social Security #		Telephone, business

If additional space is needed, number and insert below


40	For an LLC, the company will be managed by: <input type="checkbox"/> one manager <input type="checkbox"/> more than one manager <input type="checkbox"/> limited liability company members
41	For an LLC, state any additional provisions that limit the business or authority of managers or members:

Business Formation Questionnaire (continued)

If additional space is needed, number and insert below

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**SHAREHOLDER(S) (Corporation) or MEMBER(S) (LLC)**

42	Name		
43	Street address		
44	City	State	Zip
45	Phone	Fax	Percent of ownership
46	Initial Capital Investment \$	<input type="checkbox"/> Cash <input type="checkbox"/> Property <input type="checkbox"/> Past services rendered	
47	Name		
48	Street address		
49	City	State	Zip
50	Phone	Fax	Percent of ownership
51	Initial Capital Investment \$	<input type="checkbox"/> Cash <input type="checkbox"/> Property <input type="checkbox"/> Past services rendered	
52	Name		
53	Street address		
54	City	State	Zip
55	Phone	Fax	Percent of ownership
56	Initial Capital Investment \$	<input type="checkbox"/> Cash <input type="checkbox"/> Property <input type="checkbox"/> Past services rendered	
57	Name		
58	Street address		
59	City	State	Zip
60	Phone	Fax	Percent of ownership
61	Initial Capital Investment \$	<input type="checkbox"/> Cash <input type="checkbox"/> Property <input type="checkbox"/> Past services rendered	

**OFFICER(S) (Corporations)**

62	President - Name		
63	Street address		
64	City	State	Zip
65	Soc Sec #	Phone	Fax
66	Secretary - Name		
67	Street address		
68	City	State	Zip
69	Soc Sec#	Phone	Fax

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Business Formation Questionnaire (continued)			
70	Treasurer - Name		
71	Street address		
72	City	State	Zip
73	Soc Sec#	Phone	Fax
<b>ACKNOWLEDGEMENT and SIGNATURE</b>			
74	Do you want us to prepare Incorporation or LLC documents? <input type="checkbox"/> YES <input type="checkbox"/> NO		
75	Do you want us to order a Company Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO                      Cost = (Included)		
76	Do you want us to provide a Corporate or LLC kit? <input type="checkbox"/> YES <input type="checkbox"/> NO                      Cost = (Included)		
77	Do you want us to make copies and conform the papers for filing? <input type="checkbox"/> YES <input type="checkbox"/> NO (Included)		
78	Do you want us to obtain a Federal Tax ID (EIN) number? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete and sign the attached Form SS-4.		
79	Do you want to make a Sub-Chapter "S" election? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete and sign the attached Form 2553.		
80	<u>This Acknowledgement must be signed by an Authorized Party or Parties</u>		
<p>I (We), acknowledge that the information provided by me in this Workbook is true and accurate to the best of my knowledge. I further acknowledge that I am going to do my own <b><u>INCORPORATION or LLC</u></b> and want the <b>POCKET LAWYER®</b> Document Preparation Service to assist me by performing certain document preparation services, according to my instructions. I will be solely responsible for the information contained in these documents and will have the opportunity to review the completed documents before they are used or filed. I understand that the <b>POCKET LAWYER</b> Document Preparation Service does <u>not</u> render legal advice or legal services and is acting solely at my direction and pursuant to my decisions. I further understand that I have the right to handle my own legal and business matters and act as my own attorney, but that the advice of an attorney may be necessary. The <b>POCKET LAWYER</b> encourages attorney participation and will provide a list of attorney referrals, at my request.</p> <p>I hereby relieve the <b>POCKET LAWYER</b> from any liability whatsoever, regarding the preparation of these documents, and agree to hold them harmless from any damages I may suffer and understand that my sole relief is limited to the return of any fee paid for the preparation of these documents.</p>			
Signature			Date
Print name			Title
Signature			Date
Print name			Title
Signature			Date
Print name			Title
Signature			Date
Print name			Title
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