

STUART W. SCARFF, ESQ.
JOSEPH N. PEW, V, ESQ. *
ANNE C. BURGESS, PARALEGAL

Officer/Director Name

*ALSO ADMITTED IN MINNESOTA

PHONE: 206.236.1500 FAX: 206.382.0245 WWW.SCARFFLAW.COM

SSN

Date of Birth

CORPORATE FORMATION QUESTIONNAIRE

The following information is necessary for us to prepare the documents required to form your Corporation. If the information requested does not apply, simply mark the blank N/A. If you are unsure of an answer, please provide your best estimate.

Phone

Address

Personal and General Corporate Information

Title

1) Officer/Director Information

behalf:	Form S	SS-4 (EIN A	Application–filential	ou like my firm to ed with IRS, appli OCL, application fo applicable – filed	es for federal tax i	id #): Y] N []
Secretary of S	State <u>rea</u>	<i>quires that</i> the Secreta	you list two a	e name of the Cordditional names in Office (be specific,	n case your first of	choice is al	ready taken or
1.							
2							
3							
4) If the	above	Officers/D	irectors are n	narried, list full	name(s) of spous	se(s) if no	t listed above
	-					_	

3035 ISLAND CREST WAY, SUITE 201 • MERCER ISLAND, WA 98040

5)	Principal Place of Business? (address)						
6)	Principal products or services that the Corporation will provide (purpose of Corporation) Have you bought, leased or acquired any or all of an existing business or its assets? a) Date bought/leased/acquired						
7)							
	b) Prior business name						
	c) Prior owner's name						
	d) Telephone number						
8)	Did you purchase/lease any fixtures or equipment for which you have not paid sales/use tax? If yes, indicate the purchase or lease price:						
9)	Is this business owned by, controlled by, or affiliated with any other business entity?						
	a) Please indicate that business entity's legal name						
10	Have you ever owned another business?						
	a) Name:						
	b) UBI number:						
	c) EIN						
11)	If you are changing your business structure (e.g., changing from a sole proprietorship to a corporation/LLC) and want the old account closed, please provide the UBI number to be closed:						
12	Bank or intended bank's name:						
13	Estimated Gross Annual Income for the Corporation:						
14)	Will you hire any employees? How Many? Will you hire Minors?						
15)	First date wages or annuities will be paid						
	Do you plan to hire any independent contractors that you will report on Form 1099?						

	<u>Shareholder</u>	<u>Initial Capital</u> <u>Contribution</u>	Number of Shares
		\$	
		<u> </u>	
		\$	
pass-through taxa	ation to the individual	shareholder, thereby avoidin	hapter-S" status which allows for g the double tax on profits. How to discuss this issue with your
Subchapter "S))		
Subchapter "C	7"		
· • • • • • • • • • • • • • • • • • • •	•	•	to be prepared or reviewed? It is shareholders of the corporation.
Yes			
☐ No.			
☐ Not applicable	e.		
20) Do employment of	contracts and related a	greements need to be prepare	d?
	esignate the agreemen	at(s) you would like prepared	and the reasons why:
Yes. Please d			
Yes. Please d			
Yes. Please d			
	ntures of all <i>directors</i>	of the corporation:	

If you have any questions regarding information requested on this form please call Anne Burgess, Stuart Scarff or Joseph Pew at 206.236.1500 or email anne@scarfflaw.com, stuart@scarfflaw.com, or joe@scarfflaw.com.