

**BUSINESS FORMATION INFORMATION SHEET**

Name of Client: \_\_\_\_\_

Address of Client: \_\_\_\_\_

Date of Birth and Social Security Number of Client: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Corporation's Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Password to Access ABR Number (4 to 8 characters  
can be letters or numbers and is case sensitive): \_\_\_\_\_

Real for applying (starting new business, etc.): \_\_\_\_\_

Name of Corporation: \_\_\_\_\_

Address of Corporation: \_\_\_\_\_

County corporation is located: \_\_\_\_\_

Name of President: \_\_\_\_\_ Vice President: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Social Security Number of each officer \_\_\_\_\_  
and Birth Date of each officer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) and address of \_\_\_\_\_  
each shareholder \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Highest number of employees you expect to have in the next 12 months \_\_\_\_\_

Will you be filing State taxes: Monthly (\$500.00 + per month); or Qtrly (less than \$500.00 per month). PLEASE CIRCLE ONE.

First date wages will be or were paid: \_\_\_\_\_

Principal Activity of your Business: \_\_\_\_\_

Principal line of merchandise sold: \_\_\_\_\_

Are you transferring equipment or goods into your business? \_\_\_\_\_

Future services being used as consideration? \_\_\_\_\_