

**BUSINESS /CORPORATE CLIENT INTAKE FORM**

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: \_\_\_\_\_

**CLIENT INFORMATION**

Your Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Facsimile No: \_\_\_\_\_  
Cell Phone No: \_\_\_\_\_ Pager/Beeper No: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Soc. Sec. No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Other names you have been known by: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Facsimile No: \_\_\_\_\_  
Work E-mail Address: \_\_\_\_\_

Nature of matter / reason for seeking consultation with our office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your position/status with entity (for example, President, shareholder, member, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our office?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CPA or TAX ADVISOR (IF ANY)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Facsimile No: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**OTHER BUSINESS PARTICIPANTS**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Facsimile No: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Relation of this person to you: \_\_\_\_\_

Is this person represented by an ATTORNEY in this matter? \_\_\_Yes \_\_\_No

***If YES, please answer the questions below:***

*Name of Attorney/Firm:* \_\_\_\_\_  
*City where office located:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

*Indicate if this attorney has:*

*Ever provided advice or other services to you?* \_\_\_Yes \_\_\_No  
*Talked with you in person or by telephone?* \_\_\_Yes \_\_\_No  
*Sent a letter or other written communication to you?* \_\_\_Yes \_\_\_No

In addition, if you have business partners, who are expected to initially own part of the business, in what percentages, and for what contributions?

Owner	Ownership	Percentage of Contribution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Which of the owners are expected to be employed by the business? \_\_\_\_\_

In what capacities? \_\_\_\_\_

For what compensation? \_\_\_\_\_

Are there any written contracts between you and your business partners, if any?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please provide a copy)

**INFORMATION ABOUT THE BUSINESS**

Have you taken any steps to incorporate/form your business? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, provide details)

Have you been presented with any financial statements, documents describing the business opportunity, or a franchise offering circular?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, provide the attorney with a copy)

Do you have a written Business Plan?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, provide the attorney with a copy of it)

Have you offered to sell or sold any interests in your business to any investors?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, provide details)

Have you obtained or sought to obtain any loans for your business?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, provide details)

Does the prospective business own or lease any real estate?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, provide details)

Do you have want to continue operating the business from its present location(s)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you retained any consultants, accountants or tax professionals?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, provide details)

Have you promised an interest in the company to any consultants?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, provide details)

Proposed name of the LLC/Corporation: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Who will be the registered agent (contact person) for the company? \_\_\_\_\_

How many Members (Owners) will be in the LLC/Corporation: \_\_\_\_\_

Names and Addressed of the Members/Owners:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

