

**Business Questionnaire – Williams Law Office, PC**

Full Name of the New Corporation (as it is to appear on your documents, must include Company, Incorporated, or some form thereof) \_\_\_\_\_

Address for the corporation: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Tax preparer (name and phone number): \_\_\_\_\_

Registered Agent for the corporation (name and address):  
\_\_\_\_\_  
\_\_\_\_\_

Incorporators (list name, address, and social security number for each):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Officers:     President     \_\_\_\_\_  
              Vice President \_\_\_\_\_  
              Secretary     \_\_\_\_\_  
              Treasurer     \_\_\_\_\_  
              Other (list)    \_\_\_\_\_

Directors (list name, address, and social security number for each):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of business will this corporation conduct? \_\_\_\_\_

Do you wish to be:    S Corporation                  C Corporation                  501(c)3                  LLC

If LLC, will you be taxed as a                  Partnership    or                  S Corporation?

For corporations: How many shares do you wish to authorize (recommend 1000): \_\_\_\_\_

How many shares do you wish to distributed (generally recommend 100): \_\_\_\_\_

How will those shares be distributed between the incorporators? \_\_\_\_\_

\_\_\_\_\_

When will your corporation's fiscal year begin (if other than January 1)? \_\_\_\_\_

When will the annual shareholder meeting be held? \_\_\_\_\_

What restrictions, if any, will be placed on the sale of shares of the corporation? \_\_\_\_\_

\_\_\_\_\_

Does your business own any highway motor vehicle with a taxable gross weight of 55,000 pounds or more?    Yes\_\_\_\_\_    No \_\_\_\_\_

Does your business involve gambling/ wagering?    Yes\_\_\_\_\_    No\_\_\_\_\_

Does your business need to file Form 720?    Yes\_\_\_\_\_    No\_\_\_\_\_

(Quarterly Federal Excise Tax Return)

Does your business sell or manufacture alcohol, tobacco, or firearms?    Yes\_\_\_\_\_    No\_\_\_\_\_

Do you have, or do you expect to have, any employees who will receive Forms W-2 in the next 12 months?    Yes\_\_\_\_\_    No\_\_\_\_\_

Describe your employees:

What is the first date wages or annuities were or will be paid?

Month\_\_\_\_\_    Year\_\_\_\_\_

What is the highest number of employees expected in the next 12 months?

Number of Agricultural Employees\_\_\_\_\_

Number of other Employees\_\_\_\_\_

Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? (January- December)?

Yes\_\_\_\_\_    No\_\_\_\_\_

\*\*Note: By selecting "yes," you are electing to file an annual employment tax return, Form 944. If you prefer to file a quarterly return, Form 941, select "no."

What does your business or organization do?

- Choose one category that best describes your business

Accommodations \_\_\_\_\_

Construction \_\_\_\_\_

Finance \_\_\_\_\_

Food Service \_\_\_\_\_

Health Care \_\_\_\_\_

Insurance \_\_\_\_\_

Manufacturing \_\_\_\_\_

Real Estate \_\_\_\_\_

Rental & Leasing \_\_\_\_\_

Retail \_\_\_\_\_

Social Assistance \_\_\_\_\_

Transportation \_\_\_\_\_

Warehousing \_\_\_\_\_

Wholesale \_\_\_\_\_

Other: please choose one of the following that best describes your primary business activity:

Consulting \_\_\_\_\_

Manufacturing \_\_\_\_\_

Organization \_\_\_\_\_

Rental \_\_\_\_\_

(such as religious, environmental, social,  
or civic, athletic, etc.)

Repair \_\_\_\_\_

Sell Goods \_\_\_\_\_

Service \_\_\_\_\_

Other—please specify: \_\_\_\_\_