

Nonprofit 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 and social security number):

Officers: President _____

 Vice President _____

 Secretary _____

 Treasurer _____

 Other (list) _____

Founding Board of Directors (list name and address for each):

What type of activity will this corporation conduct? _____

Do you wish to be: Public Benefit Religious Private Foundation
 Public Charity Scholarship

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

Will this be a membership corporation? YES NO

How will the corporation's assets be distributed upon dissolution? _____

Will you participate in political activities? YES NO

Will you compensate any of your Board of Directors? 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."