

GOTTA DO MY TAXES

Tax & Legal Document Services

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The **POCKET LAWYER**[®] Document Preparation Service

Fictitious Business Name Client Questionnaire

INSTRUCTIONS: Answer All questions with an answer or a N/A. Today's date _____
 If more space is needed, use the space below or attach blank pages.

1	<input type="checkbox"/> First Filing <input type="checkbox"/> Renewal Filing			
INFORMATION ABOUT THE FICTITIOUS BUSINESS NAME(S) (also called DBA)				
2 A	Fictitious Business Name:			
2 B	Fictitious Business Name <i>(if more than one at same address)</i> :			
2 C	Fictitious Business Name <i>(if more than two at same address)</i> :			
3	Street Address of Principal Place of Business in California <i>(PO Box alone is not acceptable)</i>			
4	Articles of Incorporation or Organization Number (if applicable) # <i>(If a business name or a Registrant's name includes the words Corporation, Incorporated, Corp. or Inc., Limited Liability Company, LLC or LC, <u>include</u> a certified copy of the Articles of Incorporation or Organization)</i>			
5	City	County	State	Zip
INFORMATION ABOUT THE PERSON(S) REGISTERING THE BUSINESS NAME				
6 A	Full name of Registrant / Corporation / LLC			
	If corporation or LLC, in what state was it incorporated or organized:			
	Residence Street Address <i>(PO Box alone is not acceptable when used without a street address)</i>			
	City	County	State	Zip
6 B	Full name of Registrant / Corporation / LLC <i>(if more than one)</i>			
	If corporation, in what state was it incorporated:			
	Residence Street Address <i>(PO Box alone is not acceptable when used without a street address)</i>			
	City	County	State	Zip
6 C	Full name of Registrant / Corporation / LLC <i>(if more than two)</i>			
	If corporation, in what state was it incorporated:			
	Residence Street Address <i>(PO Box alone is not acceptable when used without a street address)</i>			
	City	County	State	Zip

Fictitious Business Name Client Questionnaire (continued)			
7	<p style="text-align: center;">This Business is Conducted by: (Select only one)</p> <input type="checkbox"/> individual <input type="checkbox"/> general partnership <input type="checkbox"/> joint venture <input type="checkbox"/> business trust <input type="checkbox"/> co-partners <input type="checkbox"/> husband & wife <input type="checkbox"/> corporation <input type="checkbox"/> limited partnership <input type="checkbox"/> limited liability company <input type="checkbox"/> unincorporated association other than partnership <input type="checkbox"/> other (specify)		
8	<p style="text-align: center;">Select Only One:</p> <input type="checkbox"/> Registrant(s) commenced to do business under the fictitious business name on (Date): <input type="checkbox"/> Registrant(s) has not yet begun to transact business under the fictitious business name(s) listed above.		
9	The original and certified copy of this form should be returned to:		
10	Name		
11	Street Address		
11	City	State	Zip
If additional space is needed, number and insert below.			
<p style="text-align: center;"><u>This Acknowledgement must be signed by Registrant, if individual; by general partner, if Partnership; by all joint venturers, if Joint Venture; by a trustee, if a Business Trust; by all partners if Co-Partners; by husband and wife if Husband and Wife; and one partner if Limited Partnership.</u></p>			
<p>I (We), acknowledge that the information provided by me in this Workbook is true and accurate to the best of my knowledge. I further acknowledge that I am going to do my own <u>Fictitious Business Name Statement</u> and want the POCKET LAWYER[®] Document Preparation Service to assist me by performing certain document preparation services, according to my instructions. I will be solely responsible for the information contained in these documents and will have the opportunity to review the completed documents before they are used or filed. I understand that the POCKET LAWYER Document Preparation Service does <u>not</u> render legal advice or legal services and is acting solely at my direction and pursuant to my decisions. I further understand that I have the right to handle my own legal and business matters and act as my own attorney, but that the advice of an attorney may be necessary. The POCKET LAWYER Document Preparation Service encourages attorney participation and will provide a list of attorney referrals, at my request.</p> <p>I hereby relieve the POCKET LAWYER Document Preparation Service from any liability whatsoever, regarding preparation of these documents, and agree to hold them harmless from any damages I may suffer and understand that my sole relief is limited to the return of any fee paid for the preparation of these documents.</p>			
Signature		Date	
Print name		Title	
Signature		Date	
Print name		Title	
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