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The Pocket Lawyer® Document Preparation Service

Business Formation Client Questionnaire

INSTRUCTIONS: Answer the questions that apply to your situation with an answer or "N/A" (Not Applicable), to the questions that DO NOT apply. Insert a "?" if you do not know an answer or are unsure. If more space is needed, use the space below or attach blank pages. Today's date: _____

CONTACT INFORMATION

(This is the person we will contact regarding this document)

1	First name			
2	Middle name (initial)			
3	Last name			
4	Home/ Business address: Street			
5	Apt/Suite			
6	City	County	State	Zip
7	Mailing address (if different) Street/ PO			
8	City	County	State	Zip
9	Phone		Alt phone	
10	Email		Fax	

INFORMATION ABOUT THE ORGANIZER

(This is the person who will sign the Articles)

11	(If the company that is forming your company is acting as the Incorporator, such as "The Pocket Lawyer", insert their name here, and skip lines 12-15) Company name			
12	First name			
13	Middle name (initial)			
14	Last name			
15	Social Security #			DOB

INFORMATION ABOUT THE BUSINESS

16	Check the type of business you want: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company(LLC) <input type="checkbox"/> "C" Corporation <input type="checkbox"/> "S" Corporation			
17	In what State do you want to incorporate the corporation or organize the LLC:			
18	Name of Company (1 st choice)			
19	Name of Company (2 nd choice)			
20	Name of Company (3 rd choice)			
21	If a Corporation, check the ending you want: <input type="checkbox"/> Corporation <input type="checkbox"/> Corp. <input type="checkbox"/> Incorporated <input type="checkbox"/> Inc. <input type="checkbox"/> Company <input type="checkbox"/> Co. <input type="checkbox"/> other ending: _____			
22	If an LLC, check the ending you want: <input type="checkbox"/> LLC <input type="checkbox"/> L.L.C. <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Ltd. Liability Co.			

Business Formation Questionnaire (continued)			
23	What is the principal business activity of the company?		
24	Address of business		
25	Telephone, business	e-mail	
26	Mailing address of business (if different)		
27	If a Corporation, total number of shares of stock authorized to issue:		<input type="checkbox"/> Par value:&
28	"****"Latest date on which the company is to dissolve: *****Rgtr gwcn		
If additional space is needed, number and insert below.			
AGENT FOR SERVICE OF PROCESS			
29	Do you want the Pocket Lawyer to be your Agent for Service of Process (Registered Agent) <input type="checkbox"/> YES (skip to #34) <input type="checkbox"/> NO If NO, insert name of Agent here and complete #29-33 Name of agent		
30	Street address of initial agent		
31	City	State:	Zip
32	Social Security #	DOB	
33	Telephone, home	Telephone, business	
INFORMATION ABOUT THE INITIAL DIRECTOR(S) (Corporation)			
34	Name of first initial director		
35	Street address		
36	City	State:	Zip
37	Social Security #	Telephone, business	
38	Name of second initial director		
39	Street address		
40	City	State	Zip
41	Social Security #	Telephone, business	
42	Name of third initial director		
43	Street address		
44	City	State	Zip
45	Social security #	Telephone, business	

Business Formation Questionnaire (continued)			
46	Name of fourth initial director		
47	Street address		
48	City	State	Zip
49	Social Security #	Telephone, business	
If additional space is needed, number and insert below			
50	For an LLC, the company will be managed by: <input type="checkbox"/> one manager <input type="checkbox"/> more than one manager <input type="checkbox"/> limited liability company members		
51	For an LLC, state any additional provisions that limit the business or authority of managers or members:		
SHAREHOLDER(S) (Corporation) or MEMBER(S) (LLC)			
52	Name		
53	Street address		
54	City	State	Zip
55	Phone	Fax	Percent of ownership
56	Initial Capital Investment \$	<input type="checkbox"/> Cash <input type="checkbox"/> Property <input type="checkbox"/> Past services rendered	
57	Name		
58	Street address		
59	City	State	Zip
60	Phone	Fax	Percent of ownership
61	Initial Capital Investment \$	<input type="checkbox"/> Cash <input type="checkbox"/> Property <input type="checkbox"/> Past services rendered	
62	Name		
63	Street address		
64	City	State	Zip
65	Phone	Fax	Percent of ownership
66	Initial Capital Investment \$	<input type="checkbox"/> Cash <input type="checkbox"/> Property <input type="checkbox"/> Past services rendered	
67	Name		
68	Street address		
69	City	State	Zip
70	Phone	Fax	Percent of ownership

Business Formation Questionnaire (continued)			
71	Initial Capital Investment \$	<input type="checkbox"/> Cash <input type="checkbox"/> Property <input type="checkbox"/> Past services rendered	
OFFICER(S) (Corporations)			
72	President - Name		
73	Street address		
74	City	State	Zip
75	Soc Sec# xxx-xx- __ __ __ __	Phone	Fax
76	Secretary - Name		
77	Street address		
78	City	State	Zip
79	Soc Sec# xxx-xx- __ __ __ __	Phone	Fax
80	Treasurer - Name		
81	Street address		
82	City	State	Zip
83	Soc Sec# xxx-xx- __ __ __ __	Phone	Fax
If additional space is needed, number and insert below			
ADDITIONAL SERVICES			
84	Do you want us to order a Company Seal? <input type="checkbox"/> YES <input type="checkbox"/> NO		Cost =
85	Do you want us to provide a Corporate or LLC kit? <input type="checkbox"/> YES <input type="checkbox"/> NO		Cost =
86	Do you want the Pocket Lawyer to act as your Registered Agent? <input type="checkbox"/> YES <input type="checkbox"/> NO Cost =		
87	Do you want us to obtain a Federal Tax ID (EIN) number? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete and sign the attached Form SS-4.		Cost =
88	Do you want to make a Sub-Chapter "S" election? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete and sign the attached Form 2553.		Cost =
ORDER TOTAL			
89	<input type="checkbox"/> (a) \$ <input type="checkbox"/> (b) \$ <input type="checkbox"/> (c) \$ <input type="checkbox"/> (d) \$ <input type="checkbox"/> (e) \$		

Business Formation Questionnaire (continued)

SHIPPING AND PAYMENT INFORMATION

Shipping (Your Documents will be sent to the address entered here)

90	<input type="checkbox"/> Shipping Information is the same as Contact Information		
91	First Name	Middle	Last
92	Address: Street		
93	Apt/ Suite		
94	City	State	Zip
95	Phone	Email	

Payment Options

96	<input type="checkbox"/> Charge to my PL Distributor Prepaid Account <input type="checkbox"/> Have a PL representative contact me <input type="checkbox"/> PayPal <input type="checkbox"/> Venmo Credit or Debit Card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover Card Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Expiration Date _____		
	Cardholder name _____		
	Billing Address _____		
	City _____ State _____ Zip _____		
	Telephone _____ Fax _____		
	Email _____		

97	Comments:

Business Formation Questionnaire (continued)

ACKNOWLEDGEMENT and SIGNATURE

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This Acknowledgement must be signed by an Authorized Party or Parties

I (We) want the **POCKET LAWYER** to prepare Incorporation or LLC documents for me (us). I 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 **INCORPORATION or LLC** 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 not 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** encourages attorney participation and will provide a list of attorney referrals, at my request. I hereby relieve the **POCKET LAWYER** from any liability whatsoever, regarding the 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.

Signature	Date
Print name	Title
Signature	Date
Print name	Title
Signature	Date
Print name	Title
Signature	Date
Print name	Title

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Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located	
	7a Name of responsible party	7b SSN, ITIN, or EIN
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members ▶	
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises _____ <input type="checkbox"/> Other (specify) ▶ _____ Group Exemption Number (GEN) if any ▶ _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
10 Reason for applying (check only one box)		
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
11 Date business started or acquired (month, day, year). See instructions.	12 Closing month of accounting year	
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> _____ <input type="checkbox"/> Other (specify) ▶ _____		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," write previous EIN here ▶		
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)
Name and title (type or print clearly) ▶		Applicant's fax number (include area code)
Signature ▶		Date ▶

Election by a Small Business Corporation
 (Under section 1362 of the Internal Revenue Code)

OMB No. 1545-0123

▶ See Parts II and III on page 3.
 ▶ You can fax this form to the IRS (see separate instructions).
 ▶ Information about Form 2553 and its separate instructions is at www.irs.gov/form2553.

Note. This election to be an S corporation can be accepted only if all the tests are met under *Who May Elect* in the instructions, all shareholders have signed the consent statement, an officer has signed below, and the exact name and address of the corporation (entity) and other required form information have been provided.

Part I Election Information

Type or Print	Name (see instructions)	A Employer identification number
	Number, street, and room or suite no. (If a P.O. box, see instructions.)	B Date incorporated
	City or town, state, and ZIP code	C State of incorporation

D Check the applicable box(es) if the corporation (entity), after applying for the EIN shown in **A** above, changed its name or address

E Election is to be effective for tax year beginning (month, day, year) (see instructions) ▶ _____
Caution. A corporation (entity) making the election for its first tax year in existence will usually enter the beginning date of a short tax year that begins on a date other than January 1.

F Selected tax year:
 (1) Calendar year
 (2) Fiscal year ending (month and day) ▶ _____
 (3) 52-53-week year ending with reference to the month of December
 (4) 52-53-week year ending with reference to the month of ▶ _____
 If box (2) or (4) is checked, complete Part II.

G If more than 100 shareholders are listed for item J (see page 2), check this box if treating members of a family as one shareholder results in no more than 100 shareholders (see test 2 under *Who May Elect* in the instructions) ▶

H Name and title of officer or legal representative who the IRS may call for more information	I Telephone number of officer or legal representative
--	--

If this S corporation election is being filed late, I declare that I had reasonable cause for not filing Form 2553 timely, and if this late election is being made by an entity eligible to elect to be treated as a corporation, I declare that I also had reasonable cause for not filing an entity classification election timely and that the representations listed in Part IV are true. See below for my explanation of the reasons the election or elections were not made on time and a description of my diligent actions to correct the mistake upon its discovery (see instructions).

Sign Here

Under penalties of perjury, I declare that I have examined this election, including accompanying documents, and, to the best of my knowledge and belief, the election contains all the relevant facts relating to the election, and such facts are true, correct, and complete.

▶ _____ Title _____ Date _____
 Signature of officer

Part II Selection of Fiscal Tax Year (see instructions)

Note. All corporations using this part must complete item O and item P, Q, or R.

O Check the applicable box to indicate whether the corporation is:

- 1. A new corporation **adopting** the tax year entered in item F, Part I.
- 2. An existing corporation **retaining** the tax year entered in item F, Part I.
- 3. An existing corporation **changing** to the tax year entered in item F, Part I.

P Complete item P if the corporation is using the automatic approval provisions of Rev. Proc. 2006-46, 2006-45 I.R.B. 859, to request **(1)** a natural business year (as defined in section 5.07 of Rev. Proc. 2006-46) or **(2)** a year that satisfies the ownership tax year test (as defined in section 5.08 of Rev. Proc. 2006-46). Check the applicable box below to indicate the representation statement the corporation is making.

1. Natural Business Year ► I represent that the corporation is adopting, retaining, or changing to a tax year that qualifies as its natural business year (as defined in section 5.07 of Rev. Proc. 2006-46) and has attached a statement showing separately for each month the gross receipts for the most recent 47 months (see instructions). I also represent that the corporation is not precluded by section 4.02 of Rev. Proc. 2006-46 from obtaining automatic approval of such adoption, retention, or change in tax year.

2. Ownership Tax Year ► I represent that shareholders (as described in section 5.08 of Rev. Proc. 2006-46) holding more than half of the shares of the stock (as of the first day of the tax year to which the request relates) of the corporation have the same tax year or are concurrently changing to the tax year that the corporation adopts, retains, or changes to per item F, Part I, and that such tax year satisfies the requirement of section 4.01(3) of Rev. Proc. 2006-46. I also represent that the corporation is not precluded by section 4.02 of Rev. Proc. 2006-46 from obtaining automatic approval of such adoption, retention, or change in tax year.

Note. If you do not use item P and the corporation wants a fiscal tax year, complete either item Q or R below. Item Q is used to request a fiscal tax year based on a business purpose and to make a back-up section 444 election. Item R is used to make a regular section 444 election.

Q Business Purpose—To request a fiscal tax year based on a business purpose, check box Q1. See instructions for details including payment of a user fee. You may also check box Q2 and/or box Q3.

1. Check here ► if the fiscal year entered in item F, Part I, is requested under the prior approval provisions of Rev. Proc. 2002-39, 2002-22 I.R.B. 1046. Attach to Form 2553 a statement describing the relevant facts and circumstances and, if applicable, the gross receipts from sales and services necessary to establish a business purpose. See the instructions for details regarding the gross receipts from sales and services. If the IRS proposes to disapprove the requested fiscal year, do you want a conference with the IRS National Office?

Yes No

2. Check here ► to show that the corporation intends to make a back-up section 444 election in the event the corporation's business purpose request is not approved by the IRS. (See instructions for more information.)

3. Check here ► to show that the corporation agrees to adopt or change to a tax year ending December 31 if necessary for the IRS to accept this election for S corporation status in the event (1) the corporation's business purpose request is not approved and the corporation makes a back-up section 444 election, but is ultimately not qualified to make a section 444 election, or (2) the corporation's business purpose request is not approved and the corporation did not make a back-up section 444 election.

R Section 444 Election—To make a section 444 election, check box R1. You may also check box R2.

1. Check here ► to show that the corporation will make, if qualified, a section 444 election to have the fiscal tax year shown in item F, Part I. To make the election, you must complete **Form 8716**, Election To Have a Tax Year Other Than a Required Tax Year, and either attach it to Form 2553 or file it separately.

2. Check here ► to show that the corporation agrees to adopt or change to a tax year ending December 31 if necessary for the IRS to accept this election for S corporation status in the event the corporation is ultimately not qualified to make a section 444 election.

Part III Qualified Subchapter S Trust (QSST) Election Under Section 1361(d)(2)*

Income beneficiary's name and address	Social security number
Trust's name and address	Employer identification number

Date on which stock of the corporation was transferred to the trust (month, day, year) ►

In order for the trust named above to be a QSST and thus a qualifying shareholder of the S corporation for which this Form 2553 is filed, I hereby make the election under section 1361(d)(2). Under penalties of perjury, I certify that the trust meets the definitional requirements of section 1361(d)(3) and that all other information provided in Part III is true, correct, and complete.

Signature of income beneficiary or signature and title of legal representative or other qualified person making the election _____ Date _____

*Use Part III to make the QSST election only if stock of the corporation has been transferred to the trust on or before the date on which the corporation makes its election to be an S corporation. The QSST election must be made and filed separately if stock of the corporation is transferred to the trust **after** the date on which the corporation makes the S election.

Part IV Late Corporate Classification Election Representations (see instructions)

If a late entity classification election was intended to be effective on the same date that the S corporation election was intended to be effective, relief for a late S corporation election must also include the following representations.

- 1** The requesting entity is an eligible entity as defined in Regulations section 301.7701-3(a);
- 2** The requesting entity intended to be classified as a corporation as of the effective date of the S corporation status;
- 3** The requesting entity fails to qualify as a corporation solely because Form 8832, Entity Classification Election, was not timely filed under Regulations section 301.7701-3(c)(1)(i), or Form 8832 was not deemed to have been filed under Regulations section 301.7701-3(c)(1)(v)(C);
- 4** The requesting entity fails to qualify as an S corporation on the effective date of the S corporation status solely because the S corporation election was not timely filed pursuant to section 1362(b); **and**
- 5a** The requesting entity timely filed all required federal tax returns and information returns consistent with its requested classification as an S corporation for all of the years the entity intended to be an S corporation and no inconsistent tax or information returns have been filed by or with respect to the entity during any of the tax years, **or**
- b** The requesting entity has not filed a federal tax or information return for the first year in which the election was intended to be effective because the due date has not passed for that year's federal tax or information return.