

CORPORATION QUESTIONNAIRE
PERSONAL AND CONFIDENTIAL

WILLIAMSON LAW OFFICE, PA
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A. Client Contact Information (PLEASE PRINT CLEARLY)

1. Last name: _____ First Name: _____ Middle Initial _____
2. Address: _____

3. Phone: (H) _____ (C) _____ (W) _____
4. Email: _____

B. Entity Information

1. Preferred name(s) of the corporation: (in order of preference)

2. Street Address of the corporation

3. Mailing Address for the corporation if different than street address

C. Shareholder Information

1. Will this be a single shareholder or multi-shareholder corporation? (Please Circle One)
Single-shareholder Multi-shareholder

2. If multi-shareholder will each shareholder own an equal right to profits and losses and distributions of the corporation?

(Please Circle One) Yes No (If No please indicate percentages in #5 below.)

3. If multi-shareholder, will voting rights be shared equally?

(Please Circle One) Yes No (If No please indicate percentages in #5 below.)

4. For each shareholder, please provide names, addresses, phone number, and social security number.

Name	Address	Phone number	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. For each shareholder, please provide the percentage of ownership and voting right

Name	Percentage of Ownership	Voting Right
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Nature of Business

7. Name of the individual who will sign the Articles of Incorporation as Incorporator on behalf of the corporation _____

8. Who will be the officers? President: _____

Secretary: _____

Treasurer: _____

9. Would you like my firm to contact your Accountant with the corporation information?

(Please Circle One) Yes No

If yes, please provide the: Firm Name: _____

Accountant's Name: _____

Address: _____

Phone: _____

10. Does the corporation need a shareholder's agreement? **(Please Circle one)** Yes No

D. Tax Filing Information

1. Name and social security number of the officer or shareholder of the corporation who will sign the SS-4 form to obtain the federal employee identification number for the corporation

Name: _____ SS# _____

2. Will there be any employees? **(Please Circle One)** Yes No

3. Highest Number of Employees Expected in the next 12 months _____

4. First date wages will be or were paid _____

5. Primary City and County of Business activity for Business License

6. Retail Sales Tax License needed? **(Please Circle One)** Yes No

7. Make Sub-Chapter S election? **(Please Circle One)** Yes No

8. Effective Date of existence _____

E. Other Information

F. How did you learn of our firm?

Signature: _____

Date: _____