

BUSINESS PLANNING QUESTIONNAIRE

Contact Full name (required): _____

Phone Number (required): _____

Email Address (required): _____

Entity Type: Different entities have different rules of operation and can affect how you operate your business or pay taxes. Please select the entity type you prefer to use. If you do not know what type of entity will suit your needs best, then please scheduled a time to speak with an attorney.

C-Corp S-Corp LLC

General Partnership: C _____. Or S _____ Not for Profit

LTD Inv. Trust

Desired Entity Name: The Secretary of State restricts the use of names that are substantially similar to names already in use for Texas entities. Provide us with your top three name options for your entity.

Preferred Name: _____

Alternative 1: _____

Alternative 2: _____

Entity Mailing Address: _____

Entity Physical Address: _____

Registered Agent Name and Address: Every entity requires a registered agent to receive service of process and formal documents. The name and address given must include the name of a person or entity responsible for accepting the service of process and a physical address where the process can be delivered. You cannot use a PO Box or UPS mailbox and the registered agent must be a physical Texas address. The registered agent address can be the same as the entity's physical address.

Name of Principles:

Provide the names, addresses, and phone numbers for each owner/director/member of the entity. In addition, we will need the social security number of at least one of the so-named owners/directors/members in order to apply for a Tax ID number with the IRS.

Full name of 1st Principle: _____

Social Security Number: _____

Position: _____

Address: _____

Phone: _____

Full name of 2nd Principle: _____

Social Security Number: _____

Position: _____

Address: _____

Phone: _____

Full name of 3rd Principle: _____

Social Security Number: _____

Position: _____

Address: _____

Phone: _____

Full name of 4th Principle: _____

Social Security Number: _____

Position: _____

Address: _____

Phone: _____

Full name of 5th Principle: _____

Social Security Number: _____

Position: _____

Address: _____

Phone: _____

Add any additional principles here:

Do you need a Buy-Sell Agreement? Yes No

Do you need any Contracts?

Employment Agreements

Restrictive Covenants

Vendor Contracts

Customer Contracts

Thank you for filling out this questionnaire. Please email lise@stanfielddupre.com to confirm that this information has been received.