QUESTIONNAIRE FOR INCORPORATIONS

This questionnaire is intended to help us provide you with the best possible legal service and advice. Please attempt to complete as much of this questionnaire as possible before your consultation. This will ensure our time together will provide you the most beneficial estate planning for your situation. Because business planning has personal as well as tax implications, detailed information is important to create the best estate plan for you. If the question does not apply to you, please indicate “N/A.” The information you provide is held in strict confidence.

# Part I: Organizer Information

|  |  |
| --- | --- |
| Organizer’s full legal name: |  |
| Any other names by which you have ever been known: |  |
| Your home address: |  |
| Your mailing address, if different: |  |
| County of your residence: |  |
| Your home phone number: |  |
| Your cellular phone number: |  |
| Your employer:  If self-employed, have you registered with the state? |  |
| Position: |  |
| Work address: |  |
| Work phone number: |  |
| Organizer’s date of birth: |  |
| Organizer’s e-mail address: |  |

# Part II: Entity Information

|  |  |
| --- | --- |
| **Name of possible Entity, Address, and desired start date:** |  |

**Please list the individuals who will be involved:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **SSN** | **Will the LLC be Member-Managed or Manager-Managed?** | **Amount of funding provided?** |
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| --- | --- |
| What is the primary reason or goal for creating this entity? |  |
| What is the primary business activity? |  |
| Do you want the entity to be continuous or have a designated end date? |  |
| Who will be the registered agent with the State? This is the person who will receive service of process against the entity. |  |
| How many directors, members, or managers are there going to be initially? If they are different from the people listed above, what are their addresses? |  |
| Is this entity going to be the continuation of, or successor to, another business? If so, what is that business’s name and EIN? |  |
| If a successor, are there currently any lawsuits or claims against the business? |  |
| List each country of citizenship of Organizer: |  |

PART III: INFORMATION ABOUT ASSETS

Please list the kind of assets and an estimated value on each asset to be owned by the entity or will be used to capitalize the entity.

# Assets

|  |  |  |  |
| --- | --- | --- | --- |
| **Assets** | **Owned by Organizer** | **Owned by Other** | **Owned by Current Entity if Any** |
|  |  |  |  |
|  |  |  |  |
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| --- | --- |
| Do you have a bookkeeper and/or accountant for the entity? |  |
| Are you going to provide health insurance and benefits to employees? |  |
| Where do you plan to have the LLC’s bank account? |  |
| Do you have enough life insurance? |  |
| Do you have a Power of Attorney over you? |  |
| Do you have a valid Will or Trust in place? |  |

Name(s) of person(s) completing the questionnaire:

Tell us how you heard about our firm:

Date

Thank you for taking the time to complete this questionnaire. Please send it to [deanlawfirm@juliadeanlaw.com](mailto:deanlawfirm@juliadeanlaw.com) or bring it with you to our conference.

Julia Kurtz Dean

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