

BUSINESS ORGANIZATION CHECK LIST

Name of Organization: _____
 Type: Corporation ___ PA ___ LLP ___ LLC ___ PL ___ Partnership ___ Other ___
 Place of Business: _____
 Registered Agent: _____
 Address: _____
 # of Members: _____

Individuals Involved	Initial Offices	# or % of Shares	Date Acquired	SS#	State Taxes Filed

Election by Small Business Corporation (Sub Chapter S) (Form 2553)

Principal Business Activity: _____
 Election for Tax Year Beginning: Month ___ Day ___ Year ___
 # of Shares issued and outstanding: _____
 First Wages: _____

Application for Employer Identification Number (SS4)

Trade Name: _____
 Date started/acquired business: _____
 Date first paid (or will pay) wages: _____
 Do you operate more than one place of business? _____
 Peak number of employees: _____
 To whom do you sell most of your products? _____

Non-agri ___ Agri ___ Household ___
 Business ___ Public ___ Other (specify) _____

Ever applied for Employer I D. before? Yes ___ No ___
 (If Yes, Complete the following:)
 Name _____
 Date _____ City _____ State _____

- ___ Health Plan
- ___ License: _____
- ___ Retirement Plan
- ___ Stock Purchase Agreement
- ___ Other (specify) _____
- ___ Other (specify) _____

Bank: _____
 Officers to sign: _____
 CPA/Accountant: _____

Number of Signatures _____
 Officers: President: _____
 Vice President: _____
 Treasurer: _____
 Secretary: _____

Meetings (if applicable)

	DIRECTORS	SHAREHOLDERS
Date:	_____	_____
Place:	_____	_____
Time:	_____	_____
Chairman:	_____	_____
Secretary:	_____	_____