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New Business Formation Checklist

Need three business names in order of preference...depending on name availability

Name of New Business - 1st Pref _____

Name of New Business - 2nd Pref _____

Name of New Business - 3rd Pref _____

Business Address _____

City, State, Zip _____

County where business is located _____

Business Tel # / Fax # _____

Email Address: _____

Business Activities _____

Business Entity _____

Owner - 1 _____

Home Address _____

Social Security Number _____

Ownership Interest / Percentage _____

Owner - 2 _____

Home Address _____

Social Security Number _____

Ownership Interest / Percentage _____

Owner - 3 _____

Home Address _____

Social Security Number _____

Ownership Interest / Percentage _____

Goods or Services provided to _____

Will you collect Sales Tax? Yes No

Will you have Employees? Yes No If Yes.....Starting Date_____

Accounting Year Ending on: _____

Filing Fees will be debited to your Checking Account

Bank Name _____

Personal / Business Checking Acct # _____

Bank Routing / ABA # _____