



Consultants & Accountants

New Business Formation Checklist

Name of new Entity – Pref-1
Name of new Entity – Pref-2
Name of new Entity – Pref-3
Business Address
City / State / Zip
County
Tel # / Fax #
Email Address
Business Purpose / Activities
Business Entity Preference
Owner-1
Home Address
Social Security #
Ownership Interest / %
Owner-2
Home Address
Social Security #
Ownership Interest / %
Goods / Services Provided to
Will you collect Sales Tax?
Will you have Employees?
Accounting Year End

\$ _____ Filing Fees will be debited to your checking Account

Bank Name
Account #
Routing #
Bank Account in the name of
Signature / Authorization