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| **LLC & EIN Checklist** |
| **Rush?** |
| **Start Date** |
| **Name of LLC** |
| **Responsible Party: Individual or existing business? (circle one)**  **Name**  **Address**  **Phone #** |
| **Manager: 1 or multiple? List name(s) and address(es). If multiple, unanimous vote required?** |
| **Members: List name(s) and address(es).** |
| **Percentage Ownership: Capital Contribution (if any):** |
| **SSN#:** |
| **Principal Address**:  **Mailing Address (if different than above):**  **Agent for Service of Process:** |
| **Number of Employees:**  **What is the first date wages or annuities were or will be paid?**  **Do you expect your employment tax liability to be $1,000 or less in a full calendar year?**  **(January-December)?\*** |
| **Merchandise Sold/Services Provided/Principal Activity of Business**: |
| **Highway Motor Vehicle?:**  **Gambling?:**  **File Form 720?:**  **Alcohol, Tobacco or firearms?:** |

**LLC CHECKLIST (MLC only)**

**Articles Date:**  \_\_\_\_\_\_\_\_\_\_

**Articles No.:**  \_\_\_\_\_\_\_\_\_\_

**Statement of Info:**  \_\_\_\_\_\_\_\_\_\_

**Operating Agreement:** \_\_\_\_\_\_\_\_\_\_

**Manager or Member Managed?** \_\_\_\_\_\_\_\_\_\_

**EIN#:**  \_\_\_\_\_\_\_\_\_\_

**SSN:** \_\_\_\_\_\_\_\_\_\_

**Originals to Client:**  \_\_\_\_\_\_\_\_\_\_