



LLC INFORMATION SHEET:

PROPOSED LLC NAME: _____

ALTERNATIVE LLC NAME: _____

CLIENT/CONTACT NAME: _____

ADDRESS: _____

BUSINESS TELEPHONE NUMBER: _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL: _____

PRINCIPAL'S SSN: # _____ *(Needed to obtain EIN; do not send via email)*

ADDRESS OF PRINCIPAL PLACE OF BUSINESS: _____

(If different than address above)

ADDRESS TO USE FOR MAILED CORRESPONDENCE (check one): CLIENT PRINCIPAL

STATE OF ORGANIZATION: _____ COUNTY: _____

THE LLC IS MANAGED BY MANAGERS OR HAS MANAGEMENT VESTED IN THE MEMBERS? _____

NAMES AND ADDRESSES OF MANAGERS OR MEMBERS:

| Name | Number & Street | City, State | Zip | Select One: MGR/MBR |
|-------|-----------------|-------------|-------|------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

REGISTERED AGENT:



LLC INFORMATION SHEET:

DRENDEL & JANSONS LAW GROUP: (Y/N). IF NO:

NAME: _____

ADDRESS: _____

PHONE: _____ FAX # _____

ACCOUNTANT NAME: _____

ADDRESS: _____ PHONE: _____

OTHER INFORMATION:

AMOUNT OF MEMBER(S) INITIAL CONTRIBUTION: _____

CORPORATE BANK ACCOUNT: _____

ADDRESS OF BANK LOCATION: _____

WHO WILL HAVE CHECK WRITING AUTHORITY: _____

ASSUMED NAME (IF ANY): _____

ILLINOIS BUSINESS REGISTRATION NUMBER # _____ (if applicable)

HOW MANY EMPLOYEES: _____

WILL THEY BE FILING A W-2? _____

WHEN WILL EMPLOYEES START: _____

STATE LICENSING FILING (IF ANY): _____

ATTACH COPY OF LEASE AGREEMENT FOR RENTAL OF BUSINESS (if applicable)

PRINCIPAL ACTIVITY OF YOUR BUSINESS: _____

PRINCIPAL LINE OF MERCHANDISE SOLD, SPECIFIC CONSTRUCTION WORK DONE,
PRODUCTS PRODUCED, OR SERVICES PROVIDED:

HAVE YOU EVER APPLIED FOR AN EIN BEFORE? ____ YES ____ NO



LLC INFORMATION SHEET:

HOW DID YOU CHOOSE DRENDEL & JANSONS LAW GROUP?

INFORMATION PROVIDED BY:

NAME(S):

DATE:

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