

**BUCKLEY LAW P.C.
INCORPORATION MASTER INFORMATION LIST**

Profit Corporations

Corporation: _____
Name Address

Phone Number County where principal business is located

Registered Agent: _____
Name Address

Phone Number SSN

Address of Registered Office
(if different from Registered Agent): _____

Address for Notices: _____
(if different from Registered Agent): _____

State of Incorporation: _____

Number of Shares: _____

Specific Purpose of Company: _____

Number of Initial Directors: _____

Initial Directors:

1. _____
Name Address

Phone Number Email SSN

2.

Name Address

Phone Number SSN

3.

Name Address

Phone Number SSN

4.

Name Address

Phone Number SSN

Chairman of the Board: _____

Secretary of the Board: _____

Officers: [Note: In Washington, President and Secretary must be separate individuals if more than one shareholder]

President: _____

Name Address

Phone Number SSN

Vice Pres: _____

Name Address

Phone Number SSN

Secretary: _____

Name Address

Phone Number SSN

Treasurer: _____
Name Address

Phone Number SSN

Date of Annual Meeting: _____

Bank and Branch: _____

Signatures on Checks: President _____ [and _____ or _____] Secretary _____

Shareholder Information:

1. _____
Name Address

Phone Number SSN Number of Shares

Contribution – Cash, Services or Equipment

2. _____
Name Address

Phone Number SSN Number of Shares

Contribution – Cash, Services or Equipment

3. _____
Name Address

Phone Number SSN Number of Shares

Contribution – Cash, Services or Equipment

4.

Name Address

Phone Number SSN Number of Shares

Contribution – Cash, Services or Equipment

Subchapter S Election: Yes: _____ No: _____

Leases: (includes office space, vehicles, etc)

Describe leased property: _____

Lessor: _____

Lessee: _____

Lease Rate: \$ _____ per _____

Wages: Name Amount

Number of Employees Expected in next 12 months: _____

Current Number of Employees: _____

Date Employees First Paid: _____

How Often are Employees Paid: _____

Quarter In Which Payroll Exceeds \$225: _____

Closing month of accounting year: _____

(If S Corporation, then must be December)

Is principal business manufacturing: ___yes ___no

To whom are most of the products or services sold?

____business (wholesale) ___public (retail) ___other _____N/A

Has the applicant ever applied for an EIN before for this business? ___yes ___no