

WORKSHEET FOR ORGANIZING A LIMITED LIABILITY COMPANY

FAX: 215-977-9386 or 888-977-9386 (OUTSIDE 215 AREA CODE)

E-Mail: order@mburrkeim.com

CALL: 215-563-8113 or 800-533-8113 (OUTSIDE 215 AREA CODE)

Attorney Name:

Firm Name:

Address:

Phone Number:

Email:

(We will Email the filed formation document(s) at no additional charge)

Please email estimated costs before proceeding:

State to File Formation:

Proposed Name of Company and Alternate Choices:

Please send my usual company outfit _____

Please send company outfit # _____

Registered Agent Name & Address (P.O. Box Not Acceptable) or our office can provide (\$139/year for most states)

Business Email Address and Phone Number:

Brief Statement of Purpose:

Organizer(s) Name(s) and Address(es):

or M. BURR KEIM COMPANY to Provide

MEMBER/MANAGER INFORMATION

Member-Managed

Manager-Managed

Name:
Address:
Title:

Name:
Address:
Title:

Name:
Address:
Title:

Name:
Address:
Title:

If you would like to have us obtain a Federal Employer Identification Number (FEIN) please complete this section (**Our fee for this service is \$55.00**).

Legal name of the responsible person: _____
Social security number: _____
Street address: _____
City: _____ State: _____ Zip code: _____
Phone #: _____
Total # of members: _____

Does the entity have/expect to have employees who will receive forms W-2 in the next 12 months? Yes No

If Yes:
When will the entity begin paying wages?
____/____ (mm/yr)

Does the entity expect to pay less than \$5,000 in total wages during the next calendar year? Yes No