

## WORKSHEET FOR ORGANIZING A LIMITED LIABILITY COMPANY

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

E-Mail: [order@mburrkeim.com](mailto: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 \$75.00**).

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