

WORKSHEET FOR ORGANIZING A PENNSYLVANIA 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:

FAX # or Email:

(We will FAX or Email the filed Certificate of Organization at no additional charge)

FEE SCHEDULE	
PA State Filing Fee	\$125.00
Basic Service Fee	\$110.00
Company Outfit Approx:	\$85.00

Proposed Name of Company and Alternate Choices:

Please send my usual company outfit _____

Please send company outfit # _____

PA Registered Office Address (P.O. Box Not Acceptable):

Name and Address of Individual to Receive Tax Reports (May Be P.O. Box):

Brief Statement of Purpose (for Docketing Statement):

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

or M. BURR KEIM COMPANY to Provide

* If you would like to have us complete the operating agreement and prepare the member certificates (additional \$45.00 fee) please complete this section.

MEMBER INFORMATION	OWNERSHIP INTEREST (%)	CONSIDERATION TO BE PAID
Name: Address: Social security #:		
Name: Address: Social security #:		
Name: Address: Social security #:		
Name: Address: Social security #:		

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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