



Accounting and Tax Teams

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CORPORATION/LLC FORMATION APPLICATION FORM

* Please write legibly & answer ALL questions, if not applicable put N/A

1. **Company Structure:**

Option 1: Set up as LLC to be taxed at federal level as an S Corporation: _____

Option 2: Set up as Corp. to be taxed at federal level as an S Corporation: _____

Other &/or special instructions: _____

2. **Business Name:** (The name you choose must include a corporate identifier, such as Inc., Incorp. or INC. & for a Limited Liability Company, LLC or L.L.C.)

Name: _____ Date to Incorporate: _____

Alternative Name: 1. _____ 2. _____

Any additional DBA names? (doing business as): _____

Has this name been previously registered as a trade name in WA? Yes No

3. **Physical address of new business (No PO Boxes):**

Business phone #: (_____) _____

Email Address: _____

Fax Number: (_____) _____

Is the business within City limits? Yes No

4. **Is the physical address going to be the same as the mailing address?** Yes No

If not, please write the permanent mailing address: _____

5. **Existing Business Information: (if applicable)**

Name: _____ UBI#: _____

Business Address: _____ EIN#: _____

Date filed: _____ City and State where filed: _____

7. Will you be working out of your home? Yes No

8. Type of State Structure to set up:

___ General C Corporation ___ Limited Liability Company (LLC)
___ General S Corporation ___ Non-stock/Nonprofit Corporation

9. Nature of Business, principal products you sell or services you provide in WA:

10. Will this business have Payroll? _____ How many employees currently on Payroll? _____

11. Number of persons you plan to employ in the next 90 days at this location: _____

12. Will you hire minors to work? Yes No

13. If LLC, Duration: ___ 30 Years ___ Perpetual ___ Specific Dissolution Date: _____
LLC Managed by: ___ Members ___ Managers

14. Name/Address of Directors, Members or Managers:

Name: _____ Name: _____

New Title: _____ New Title: _____

Address: _____ Address: _____

Phone #: () _____ Phone #: () _____

Social Security Number: _____ Social Security Number: _____

Date of birth: _____ Date of birth: _____

Percent Ownership: _____ Percent Ownership: _____

Name of spouse: _____ Name of spouse: _____

Social Security Number: _____ Social Security Number: _____

Date of birth: _____ Date of birth: _____

15. Name of Registered Agent: _____

16. Anticipate Gross Annual Revenues in 1st year: _____

By signing below, you authorize us to set up the entity you have specified, under your name, and prepare all corresponding state and federal documents for the creation of this entity.

Signed x _____

Date ____/____/____