

# CORPORATION QUESTIONNAIRE

## *Filling out the Questionnaire*

Your Information will be held in *strictest confidence*.

You should fill in the full names of all people listed in the questionnaire. Please avoid the use of nicknames unless specifically asked for.

Please remember, you can always change the decisions you make here during the drafting process or by amending your documents after you have signed them.

This is a generic questionnaire so if questions do not apply, simply write in N/A.

If you need more room, please write on the back or attach additional pages.

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## Contact Information

Residential Address:

City:

State:

Zip:

County:  King  Snohomish  Pierce  Other

Mailing Address:

City:

State:

Zip:

Phone Numbers:

Home:

Fax:

Cell:

E-mail:

Birthdate:

SSN:

Nickname:

If not a US Citizen, what is your citizenship?

## Employment

Employer:

Phone No.

Occupation:

Address:

City:

State:

Zip:

If retired, occupation prior to retirement:

## Corporation Questions

1. Preferred name of Corporation:
2. Principal place of business of Corporation in Washington (physical address):
  - Address:
  - City:
  - State:
  - Zip:
3. Mailing Address (if different):
  - Address:
  - City:
  - State:
  - Zip:
4. What will be the purpose and character of business?
5. Officers (name, address and phone)
  - President:
  - Vice President:
  - Secretary:
  - Treasurer:
6. Shareholders and Numbers of Shares:
  - Maximum No. of shares Authorized:
  - Shares already Issued:
  - Names of Shareholders and numbers of shares issued to each: (see addendum)/
  - Contributed property (see attached).
7. Registered Agent for service of process and tax matters , name and address (NOTE: agent must be an individual, not a trust etc.):
  - Name:
  - Address:
  - City:
  - State:
  - Zip:
8. Address where corporate records kept:
  - Address:
  - City:
  - State:
  - Zip:

9. Bank Account:

Location:

Authorized Signatures:

How many required:

10. Fee quote:

11. Please obtain a check from the client for the filing fee (\$175).

12. Client want to review a draft?  Yes  No

(If answer is "no" it is assumed we will call client to set up signing.)

13. Advisors

Accountant:

Insurance:

Your documents will be based on the information you provide. To that end, please read and sign the following statement:

I understand that my Corporate documents will be based on the information provided herein. I further understand that my responses to the questionnaire are protected by the attorney-client privilege and will be held in utmost confidence. With these understandings, I affirm that the information provided herein is full, complete and accurate to the best of my present knowledge.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

