

LLC INTAKE FORM

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.

LIMITED LIABILITY COMPANY QUESTIONNAIRE

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:

LLC Information

1. Name of Limited Liability Company:
2. Principal place of business of Limited Liability Company in Washington:
Mailing Address (if different):
3. What will be the purpose and character of business?
4. Is this Member Managed or Manager Managed
Manager's name and address, and initial percentage interest in the LLC:

Does client want a corporate Manager? Yes No

If yes:

A corporate Manager must have assets equal to at least 10% of the value of the assets in the Limited Liability Company (or it will be taxed as a corporation), will this qualify? Yes No

Please fill out a Corporation questionnaire if this is a new corporation.

5. Successor Manager's name and address (if a Living Trust is the Manager, who will be the Manager after Trustors' deaths):
6. Member's names, addresses, socials, initial number of units to be issued to each, and initial capital accounts of each.

Name/Address SSN Units

Please indicate if a member has a revocable living trust so we can make their trust the member.

7. Registered Agent for service of process and tax matters , name and address (NOTE: agent must be an individual, not a trust etc.):
8. Address where Limited Liability Company records kept:
9. Total number of Member units and total of Manager to be issued:

10. Property to be contributed to the Limited Liability Company and fair market value at which it is being contributed. Please supply documentation verifying the value of the property.

11. Fee quote:

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

13. Client want to review a draft? Yes No
(If answer is "no" it is assumed we will call client to set up signing.)

14. Advisors
Accountant:
Insurance:

Gifting

15. Will there be gifting? Yes No

16. Appriaisal Issues:

17. Do we have the necessary documents to make the asset transfers? Yes No
Explain. Give them Asset Checklist for Living Trusts if appropriate, especially if 10(c) is applicable.

18. Tax Assessment Docs:
Also, **please include tax assessment notices** so we can get the tax parcel number, (a copy or old notice is fine). **Please write on the tax notice whether the parcel is in unincorporated county or inside city limits, and if it is open space classification; also, please write the street address of the parcel , if any.**

19. If client is contributing their residence, then inform them they must pay rent into LLC and each member will pay taxes on their portion of the rent, but member can depreciate donor's cost basis in the building (not the land) to the extent there is income (can't create a loss).

20. What is the value of all other gifts you are making to the members this year?

21. Put client on annual gifting list? Yes No

If "yes" what months does client want to make gifts?

Notes:

ADDITIONAL MEMBERS

Name

Address

SSN

Units

Name

Address

SSN

Units

Name

Address

SSN

Units

Name

Address

SSN

Units

Name

Address

SSN

Units

Name

Address

SSN

Units

Name

Address

SSN

Units

Name

Address

SSN

Units

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: _____