

CORPORATE QUESTIONNAIRE

DATE: _____

I. COMPANY & OWNERS DATA

A. COMPANY INFO:

Company Name:	Starting Date:	
Alternative #1:		
Alternative #2:		
Principal Place of Business:	C-Corp.	S-Corp.

Mailing Address:
[if different from above]

B. OWNER #1: (Shareholder)

Name (full title):	<u>Percentage of Ownership</u>	Phone:
		Fax:
Address:		Cell:
		Email:
		DOB:
		SSN:

C. OWNER #2: (Shareholder)

Name (full title):	<u>Percentage of Ownership</u>	Phone:
		Fax:
Address:		Cell:
		Email:
		DOB:
		SSN:

D. DIRECTORS & OFFICERS:

DIRECTORS:	<u>Name</u>	<u>Address</u>

OFFICERS:	<u>Name</u>	<u>Address</u>
President		
Vice President		
Secretary		
Treasurer		

SS-4 INFORMATION:

OF EMPLOYEES: _____

TYPE OF BUSINESS: