

# Corporation Questionnaire

(See page 3 for instructions.)



## CLIENT INFORMATION

1. Client Name:

2. Contact Info: *Phone*

*Email*

Washington  
732 Broadway, Suite 201  
Tacoma, WA 98402  
Fax: 253.238.0003

Nevada  
3225 McLeod Drive  
Las Vegas, NV 89121  
Fax: 702.664.0549

800.706.4741

[www.andersonadvisors.com](http://www.andersonadvisors.com)

## CORPORATION INFORMATION

3. Corporation Name:

4. Alternate Name:

5. Filing State:  6. BOSS? Yes ☐ No ☐

7. Is this an S-Corporation? Yes ☐ No ☐

8. Fiscal Year End:

9. Is this a professional services corporation: Yes ☐ No ☐ If yes, what type?

10. Will this be filed in another state as well? Yes ☐ No ☐ If yes, where?

11. Business Purpose:

12. Expected number of employees within first year excluding family members:

13. Resident Agent to be provided by Anderson unless you notify us otherwise.  
*See Instructions for more information on the Resident Agent.*

14. Corporation Address: *(List physical address of each jurisdiction where filed—do not enter P.O. box.)*

**SHAREHOLDER, OFFICER & DIRECTOR INFORMATION**15. Shareholders: *(Names and addresses.)*

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16. Directors: *(List names.)*

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## 17. Officers:

Name:	<input type="checkbox"/> President	<input type="checkbox"/> Vice President	Date of Birth:
SSN:	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	
Name:	<input type="checkbox"/> President	<input type="checkbox"/> Vice President	Date of Birth:
SSN:	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	
Name:	<input type="checkbox"/> President	<input type="checkbox"/> Vice President	Date of Birth:
SSN:	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	
Name:	<input type="checkbox"/> President	<input type="checkbox"/> Vice President	Date of Birth:
SSN:	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	

**STOP! DO NOT COMPLETE THE FOLLOWING SECTION UNLESS A PENSION PLAN WAS PURCHASED**18. Do you anticipate having any employees other than yourself and/or current family members? Yes ☐ No ☐19. Do you plan on rolling over more than \$250,000 from an existing plan or IRA into this plan? Yes ☐ No ☐20. Do you plan on taking a loan from your plan within the next 6 months? Yes ☐ No ☐21. Plan Trustee(s): *(List names.)*

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## INSTRUCTIONS

- Question 1: The name of the client who contracted with Anderson.
- Question 2: Contact information in case we have questions.
- Question 3: Now is your opportunity to name your corporation. If you have more than one corporation, please use a separate questionnaire for the other name choices. It is recommended that you avoid using family names. Common words are usually already taken; however, adding a second word such as Management, Capital Management, or Resources, will usually create sufficient uniqueness for your name. Do not use the words Consultant, Investment, Holding, Mutual or Funding in your name. In most states, an entity designator (Incorporated, Inc., Corp., Corporation, or Ltd.) is required to conduct business as a corporation. This corporate ending does not make your corporate name unique.
- Question 4: We need more than one name in the event your first choice is already in use.
- Question 5: Use the two letter designation for the state where we will be filing your corporation. If you are registering your corporation in more than one state, you will have the opportunity to indicate where it is to be filed in a later question.
- Question 6: Did you contract to use BOSS services for this entity? BOSS is an office suite provider in Nevada for use with Nevada Corporations.
- Question 7: C-corporations have their own tax bracket. S-Corporation pass profits onto their owners' personal tax returns for tax purposes.
- Question 8: A C-corporation can have a tax year end other than 12/31. Enter your desired year end if this will be a C-corporation.
- Question 9: If the corporation is going to be engaged in law, architecture, engineering, medical, accounting or other professional services, check the "Yes" box and state which profession the corporation is going to be engaged in (we may need copies of licenses, etc.)
- Question 10: If you contracted to have the corporation filed in multiple jurisdictions, indicate where you want to have it foreign filed.
- Question 11: List a basic description of your business purpose e.g., retail leasing, property management, etc. You can list more than one purpose if you intend to run multiple lines of business through your corporation.
- Question 12: List the number of employees that you expect to employ within the 1st year of business. If none other than family members enter none.
- Question 13: List the PRINCIPAL place of business for the corporation. This should be a physical address in the same state that is listed in Question 5. You should also list as address in any jurisdictions listed in Question 9. Attach a separate sheet if necessary.
- Question 14: All states require a business entity to have a Resident (Registered) Agent (someone to accept service of process within the state). Anderson will provide a Resident Agent for you unless you indicate otherwise. Anderson highly recommends you do not serve as your own Resident Agent to ensure timely filings of your annual renewals with your state of incorporation. If you reside in the state in which your entity is formed, and you want to assume this responsibility, you may act as the Resident Agent.
- Question 15: These are the owners of the corporation. If you have a living trust, please mention that fact in the area provided so that we can make the proper notations.
- Question 16: List the corporation's directors (even if you are using nominee service).
- Question 17: List the individual who will fill each of the positions listed (even if you are using nominee service).

## INSTRUCTIONS FOR PENSION SECTION

- Question 18: Indicate if you plan to hire people to work for your company who is not a spouse or child.
- Question 19: If you plan to roll over into your new pension plan more than \$250,000 (in the aggregate amongst all participants) your plan will be required to file an annual 5500 return. A rollover is any money coming from a traditional IRA, 401(k) or other qualified plan.
- Question 20: If you plan on borrowing funds from your plan, you will need to contact us after your plan is adopted. The maximum loan amount is the lesser of 50% of your plan balance or \$50,000. Your loan must be repaid in 5 years.
- Question 21: List the full name of your pension trustee(s). The pension trustee(s) will be the only person(s) authorized to make investments on behalf of your plan.



Dear Client:

Please sign the below statement:

By signing this document, I am hereby authorizing any representative of Anderson Business Advisors, PLLC to obtain my employer identification number and discuss my account on my behalf.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Form <b>SS-4</b> (Rev. January 2010) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	OMB No. 1545-0003 <b>EIN</b>
Type or print clearly.	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested	
	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, administrator, trustee, "care of" name
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)	<b>5a</b> Street address (if different) (Do not enter a P.O. box.)
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions)	<b>5b</b> City, state, and ZIP code (if foreign, see instructions)
	<b>6</b> County and state where principal business is located	
	<b>7a</b> Name of responsible party	<b>7b</b> SSN, ITIN, or EIN
	<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8b</b> If 8a is "Yes," enter the number of LLC members ▶		
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>9a Type of entity</b> (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.		
<div><input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶</div> <div><input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶</div>		
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
<b>10 Reason for applying</b> (check only one box) <div><input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶</div>		
<b>11</b> Date business started or acquired (month, day, year). See instructions.	<b>12</b> Closing month of accounting year	
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <div>Agricultural Household Other</div>	<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶		
<b>16</b> Check <b>one</b> box that best describes the principal activity of your business. <div><input type="checkbox"/> Construction <input type="checkbox"/> Rental &amp; leasing <input type="checkbox"/> Transportation &amp; warehousing <input type="checkbox"/> Health care &amp; social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance &amp; insurance <input type="checkbox"/> Accommodation &amp; food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify)</div>		
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.		
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶		
<b>Third Party Designee</b>	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ( )
	Address and ZIP code	Designee's fax number (include area code) ( )
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶		Applicant's telephone number (include area code) ( )
Signature ▶		Applicant's fax number (include area code) ( )
Date ▶		