

Limited Partnership (LP) Questionnaire

(See page 2 for instructions.)



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CLIENT INFORMATION

1. Client Name:
2. Contact Info: *Phone*
Email
3. Client SSN:

PURPOSE OF LP

4. The LP will be used to hold: *(Briefly describe.)*

5. LP Name:

6. Alternate Name:

7. Filing State: 8. BOSS? Yes No

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

10. Business Purpose:

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

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

13. General Partner: (if general partner is an existing corporation, include EIN #)

Name:	
SSN:	
Address:	Ownership %:

14. Limited Partners:

Name:	
SSN:	
Address:	Ownership %:

Name:	
SSN:	
Address:	Ownership %:

Name:	
SSN:	
Address:	Ownership %:

Name:	
SSN:	
Address:	Ownership %:

INSTRUCTIONS

- Question 1: The name of the client who contracted with Anderson.
- Question 2: Contact information in case we have questions.
- Question 3: We need your social security number for the tax filings. This is not a public record.
- Question 4: This lets us know the purpose behind the LP so that we can draft appropriate language in the partnership agreement.
- Question 5: Now is your opportunity to name your LP. 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 (LP or Limited Partnership) is required to conduct business as an LP.
- Question 6: We need more than one name in the event your first choice is already in use.
- Question 7: Use the two letter designation for the state where we will be filing your LP. If you are registering your LP in more than one state, you will have the opportunity to indicate where it is to be filed in a later question.
- Question 8: Did you contract to use BOSS services for this entity? BOSS is an office suite provider in Nevada for use with Nevada entities.
- Question 9: If you contracted to have the LP filed in multiple jurisdictions, indicate where you want to have it foreign filed.
- Question 10: 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 11: This should be an address in the same state that is listed in Question 7. If you are using BOSS, write "BOSS" in the space provided. If the LP is being foreign filed in other states, we will need the business address for each state. Attach a separate page if necessary.
- Question 12: 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 13: LPs are required to have a General Partner (the Manager). The General Partners in LPs we create are typically corporations. If you have contracted to have us create a corporation, write "My Corporation" in the space provided.
- Question 14: List the Limited Partners of the LP and their address(es).



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: _____

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested		
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name	
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box.)	
	4b City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions)	
	6 County and state where principal business is located		
	7a Name of responsible party	7b SSN, ITIN, or EIN	
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members ▶		
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.			
<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) ▶ _____			
<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 <input type="checkbox"/> Group Exemption Number (GEN) if any ▶ _____			
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country	
10 Reason for applying (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
11 Date business started or acquired (month, day, year). See instructions.	12 Closing month of accounting year		
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and 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"/>		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Agricultural</td> <td style="width:33%;">Household</td> <td style="width:33%;">Other</td> </tr> </table>			Agricultural
Agricultural	Household	Other	
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶			
16 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
18 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 ▶ _____			

Third Party Designee	Complete this section only 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.		Applicant's telephone number (include area code) ()
Name and title (type or print clearly) ▶		Applicant's fax number (include area code) ()
Signature ▶		Date ▶