

NEW BUSINESS FORMATION

BUSINESS NAME: _____
(Choose one: Inc., Incorporated, Corp., Corporation, Company, Co., limited, Ltd.)
BUSINESS ACTIVITY: _____
BUSINESS MAILING ADDRESS: _____
BUSINESS PHYSICAL ADDRESS: _____
BUSINESS PHONE: _____ - _____ - _____ BUSINESS FAX: _____ - _____ - _____

SHAREHOLDER/MEMBER 1

FULL LEGAL NAME *(As shown on Driver's License)*
FIRST _____ MIDDLE INT. _____ LAST _____
BUSINESS TITLE *(PRESIDENT, SECRETARY, ETC.):* _____
OWNERSHIP PERCENTAGE: _____ %
MAILING ADDRESS: _____
SOCIAL SECURITY No. (or) FEDERAL TAX ID No. _____ - _____ - _____
PHONE NO: _____ - _____ - _____
EMAIL: _____

SHAREHOLDER/MEMBER 2

FULL LEGAL NAME *(As shown on Driver's License)*
FIRST _____ MIDDLE INT. _____ LAST _____
BUSINESS TITLE *(PRESIDENT, SECRETARY, ETC.):* _____
OWNERSHIP PERCENTAGE: _____ %
MAILING ADDRESS: _____
SOCIAL SECURITY No. (or) FEDERAL TAX ID No. _____ - _____ - _____
PHONE NO: _____ - _____ - _____
EMAIL: _____

SHAREHOLDER/MEMBER 3

FULL LEGAL NAME *(As shown on Driver's License)*
FIRST _____ MIDDLE INT. _____ LAST _____
BUSINESS TITLE *(PRESIDENT, SECRETARY, ETC.):* _____
OWNERSHIP PERCENTAGE: _____ %
MAILING ADDRESS: _____
SOCIAL SECURITY No. (or) FEDERAL TAX ID No. _____ - _____ - _____
PHONE NO: _____ - _____ - _____
EMAIL: _____

SHAREHOLDER/MEMBER 4

FULL LEGAL NAME *(As shown on Driver's License)*

FIRST _____ MIDDLE INT. _____ LAST _____

BUSINESS TITLE *(PRESIDENT, SECRETARY, ETC.):* _____

OWNERSHIP PERCENTAGE: _____ %

MAILING ADDRESS: _____

SOCIAL SECURITY No. (or) FEDERAL TAX ID No. _____ - _____ - _____

PHONE NO: _____ - _____ - _____

EMAIL: _____

SHAREHOLDER/MEMBER 5

FULL LEGAL NAME *(As shown on Driver's License)*

FIRST _____ MIDDLE INT. _____ LAST _____

BUSINESS TITLE *(PRESIDENT, SECRETARY, ETC.):* _____

OWNERSHIP PERCENTAGE: _____ %

MAILING ADDRESS: _____

SOCIAL SECURITY No. (or) FEDERAL TAX ID No. _____ - _____ - _____

PHONE NO: _____ - _____ - _____

EMAIL: _____