

LIMITED LIABILITY COMPANY QUESTIONNAIRE
PERSONAL AND CONFIDENTIAL

WILLIAMSON LAW OFFICE, PA
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A. Client Contact Information (PLEASE PRINT CLEARLY)

1. Last name: _____ First Name: _____ Middle Initial _____
2. Address: _____

3. Phone: (H) _____ (C) _____ (W) _____
4. Email: _____

B. Entity Information

1. Preferred name(s) of LLC: (in order of preference)

2. Street Address of LLC

3. Mailing Address for LLC if different than street address

C. Member Information

1. Will this be a single member or multi-member LLC? (Please Circle One)
Single-member Multi-member

2. If multi-member will each member own an equal right to profits and losses and distributions of the LLC?

(Please Circle One) Yes No (If No please indicate percentages in #5 below.)

3. If multi-member, will voting rights be shared equally?

(Please Circle One) Yes No (If No please indicate percentages in #5 below.)

4. For each member, please provide names, addresses, phone number, and social security number.

Name	Address	Phone number	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. For each member, please provide the percentage of ownership and voting right

Name	Percentage of Ownership	Voting Right
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Nature of Business

7. Name of the individual who will sign the Articles of Organization as organizer on behalf of the LLC _____

8. Would you like my firm to contact your Accountant with the LLC information?

(Please Circle One) Yes No

If yes, please provide the: Firm Name: _____

Accountant's Name: _____

Address: _____

Phone: _____

9. Does the LLC need an operating agreement? (Please Circle one) Yes No

D. Tax Filing Information

1. Name and social security number of the manager or member of the LLC who will sign the SS-4 form to obtain the federal employee identification number for the LLC

Name: _____ SS# _____

2. Will there be any employees? (Please Circle One) Yes No

3. Highest Number of Employees Expected in the next 12 months _____

4. First date wages will be or were paid _____

5. Primary City and County of Business activity for Business License

6. Retail Sales Tax License needed? (Please Circle One) Yes No

7. Duration of Existence? (Please Circle One) Term At will

8. Effective Date of existence _____

9. Subchapter S Election? Yes _____ No _____

E. Other Information

F. How did you learn of our firm?

Signature: _____

Date: _____