

## **Business Questionnaire**

Thank you for contacting Starrett Law Firm about your business. This questionnaire will be helpful for organizing your thoughts prior to our appointment. Fill it out as well as you can, either skipping or placing question marks next to those items that seem inapplicable or about which you have questions or simply don't know the answer. Use full legal names (first, middle and last). Attach additional sheets if necessary. Please submit this completed questionnaire and copies of any supporting documentation such as existing governance document, buy-sell agreement, or other relevant paperwork at least 3 days prior to our meeting. This will better ensure a productive and efficient meeting.

Are you forming a new business:	?	Y	N		If no, year busines	s was formed:		
Business type (select one): LLC		Corporation		Other			TBD	
	]	I. Perso	onal I	nformatio	on			
A. Key Participants								
1. Participant 1				2. Participant 2 (if applicable)				
a. Full Legal Name				a. Full Lega	al Name			
b. Nickname or Preferred Name				b. Nicknam	e or Preferred Nam	e		
c. Address				c. Address				
d. Cell Phone				d. Cell Pho	ne			
e. Home Phone				e. Home Ph	ione			
f. Personal Email					Email			
g. Work Email					nail			
h. D.O.B				h. D.O.B				
i. S.S.N				i. S.S.N				
j. Role/Title (select all that apply)				j. Role/Title	e (select all that apply)			
LLC – member	manager			LLC –	member	manager		
Corp – shareholder	director	off	icer	Corp –	shareholder	director	officer	
Other –				Other				
k. Alma Mater				k. Alma Ma	ater			
l. Hobbies/Interests				1. Hobbies/	Interests			



Matter Number, if known:

## **II. Business Information**

A. Overview							
1. Business Legal Name (existing or planned)							
2. Trade or Assumed Name							
3. Office Address	4. Phone	4. Phone					
5. Email	6. Website						
7. Tax ID Number (EIN)	8. Business Purpose						
9. Does (or will) business operate outside of NC?	Y	N TBI					
If so, please explain							
10. Estimated gross annual income	11. Estimated annual profit						
12. Estimated market value							
B. Formation-Related (skip to section C if but	usiness was formed previously)						
1. How did the idea for the new business originate?							
A	ement(s).  uples include business plan, logo, website, letter of intent, et	N tc.					
	disclosure agreement prior to discussing your new busin	3.7					
5. Who is expected to initially own the business, in wh services?	nat percentages, and for what contributions of cash, prop	perty, and/or					
6. Which of the owners are expected to be employed b	by the business, in what capacities, and for what compen	nsation?					

7. Do you intend to hire any other employees or independent contractors? <i>If so, please explain and include your estimated head count and anticipated date that first wages will be paid.</i>	Y	N	
8. Will there be an acquisition, conversion, or other action involving an existing business? <i>If so, please explain.</i>	Y	N	
9. List your top two or three anticipated competitors and include website addresses if available.			
C. Taxes			
1. Federal Tax Classification (existing or planned)		0.0	,•
Select one: S Corporation Partnership Disregarded Entity Non-Profit		•	oration
<ul><li>2. If non-profit, are you (or do you intend to be) recognized as tax exempt by the IRS?</li><li>D. Risk Audit</li></ul>	Y	N	
	17	NI	TDD
1. Do (or will) you have an up-to-date, written set of bylaws or operating agreement?	Y	N	TBD
2. Do (or will) you have an up-to-date, written buy-sell or shareholder agreement?	Y	N	TBD
3. Do (or will) you have employees or independent contractors?	Y	N	TBD
4. If so, do (or will) you have up-to-date, written employment or contractor agreements?	Y	N	TBD
5. Do (or will) you have an up-to-date, written succession plan?	Y	N	TBD
6. Do (or will) you follow "best practices" to minimize liability risk?	Y	N	TBD
7. Have you used a business attorney previously?  If so, please identify the attorney(s) and describe the services provided.  If you are no longer using him/her, please explain the reason for your switch.	Y	N	
E. Other Advisors  Name Firm Email		<u>Pho</u>	<u>one</u>
1. Accountant			
2. Financial Advisor			
3. Insurance			
4. Banker			
5. Other			

11	I. Busin	ess Issue	S			
Below, please specify the issues or questions regardinclude any pressing deadlines.	arding the b	ousiness that	you would lik	e to discuss a	t our meeting	. Also
	* *	*				
The undersigned hereby represents to Starrett Lasupporting documentation is accurate and compinformation. If the information contained herein is	olete, and the	nat the unde	ersigned under	stands that w	e will rely o	
Type or sign your name below to acknowledge	e and agree	e to the abo	ve statement.			
Signature						
Title						
Date						

EMAIL

SAVE

PRINT

RESET