

## Business Setup Information Sheet

### Business Information

New Business Name			
Business Address			
Mailing Address			
EIN # (if any)		Other State Registered (if any)	
Business Phone		Email Address	

### Business Type

C-Corporation	Yes	No	LLC	Yes	No
Converting to S-Corp			Yes	No	
SAK Associates, Inc. Fee	(C Corp) & (LLC)		(S Corp)		
Plus State Registration Fee			State to Register		
Business Nature					

### 1<sup>st</sup> Partner/Shareholder - Director (s) Information

Name			
Home Address			
Social Security		Date of Birth	
Cell Phone #		Email Address	
Home Phone #		Fax #	

### 2<sup>nd</sup> Partner/ Shareholder - Director (s) Information

Name			
Home Address			
Social Security		Date of Birth	
Cell Phone #		Email Address	
Home Phone #		Fax #	

### 3<sup>rd</sup> Partner/ Shareholder - Director (s) Information

Name			
Home Address			
Social Security		Date of Birth	
Cell Phone #		Email Address	
Home Phone #		Fax #	

### 4<sup>th</sup> Partner/ Shareholder - Director (s) Information

Name			
Home Address			
Social Security		Date of Birth	
Cell Phone #		Email Address	
Home Phone #		Fax #	

Contact Person Information (if different that Partner/Shareholder)

Name			
Home Address			
Social Security		Date of Birth	
Cell Phone #		Email Address	
Home Phone #		Fax #	

2<sup>nd</sup> Contact Person Information (if different that Partner/Shareholder)

Name			
Home Address			
Social Security		Date of Birth	
Cell Phone #		Email Address	
Home Phone #		Fax #	

Responsible Party Signatures	
Date	

**Fee Calculation:**

**SAK Fees :** (C Corp) & (LLC)

**SAK Fees :** (S Corp)

**State Filing:**

**State Filing Fee:**

**Total Due From Client:**

**Notes:**

- Picture ID of each partner / shareholder.
- Payment in full is due at the signing of this document.
- Payment Methods under (703) 869-0276:
  - Zelle
  - Venmo
  - Apple Pay
  - Cash App
  - Check – Make payable to **“SAK Associate, Inc.”**
  - Credit Card – 3.5% additional fee will be charged.

## Business Setup Internal Use From

Business Name Registered			
State Registered		State Registration No.	
EIN #		Registration Date	
Business Nature		NAICS No.	

### Contacts Information

State Corporation Commission			
Contact Person (if any)		Department	
Phone #		Fax #	
Website			

### Contacts Information

State Tax Department			
Contact Person (if any)		Department	
Phone #		Fax #	
Website			

### Contacts Information

Contact Person (if any)		Department	
Phone #		Fax #	
Website			

### Contacts Information

Contact Person (if any)		Department	
Phone #		Fax #	
Website			

### Password Information

Name	Login ID	Password

**NOTES:**