

THE UKOHA-AJIKE LAW GROUP
A PROFESSIONAL CORPORATION

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ESTATE PLANNING
BUSINESS TAX PLANNING & CONSULTING

*** Please complete ALL information prior to your meeting with the attorney. If you have any questions, please contact us directly.**

Client Contact Information

Date: _____

Full Name: _____

Relationship to Deceased: _____

Date of Birth: _____

Mailing Address: _____

City _____ State _____ Zip _____

Physical (if different): _____

City _____ State _____ Zip _____

Phone 1: _____ Cell Home Work

Phone 2: _____ Cell Home Work

Phone 3: _____ Cell Home Work

Fax: _____

E-Mail Address: _____

May we contact you by e-mail? Yes No

May we send you documents by e-mail? Yes No

Referred by: _____

Company Information

Type of Entity:

S-Corporation C-Corporation Limited Liability Company

Desired Name of Company: _____

Second Name Choice, if Unavailable: _____

Type of Business: _____

Principle Activities: _____

List any special permits, licenses, or approvals required to conduct business: _____

Highest # of employees expected in the next 12 months: _____

Date wages first paid or will be paid: _____

Will you pay more than \$4,000 in wages for the calendar year? Yes No

Does your business own a highway motor vehicle that weighs more than 55,000 pounds? Yes No

Does your business involve gambling/wagering? Yes No

Does your business sell or manufacture alcohol, tobacco, or firearms? Yes No

Does your business need to file Form 720 (Quarterly Federal Excise Tax Return)? Yes No

Principal Office Location:

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address (if different) _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Registered Agent:

(Individual or company authorized to accept correspondence on behalf of company. The agent can be an officer of the company and the address of the principal office location may be used)

Name: _____

Address (no P.O. Boxes): _____

City: _____ State: _____ Zip Code: _____

Accounting Information:

Fiscal year of corporation (if other than calendar year)

Ending: _____ (Day) _____ (Month)

Method of accounting (choose one)

Cash Accrual Other: _____

Parties that will Hold an Interest in the Company

Name	Name
Social Security Number	Social Security Number
Address	Address
City, State, Zip	City, State, Zip
Percentage of Ownership	Percentage of Ownership
FMV of Contributed Property to Company	FMV of Contributed Property to Company
Name of Spouse, if Married	Name of Spouse, if Married
Social Security Number of Spouse, if Married	Social Security Number of Spouse, if Married

Name	Name
Social Security Number	Social Security Number
Address	Address
City, State, Zip	City, State, Zip
Percentage of Ownership	Percentage of Ownership
FMV of Contributed Property to Company	FMV of Contributed Property to Company
Name of Spouse, if Married	Name of Spouse, if Married
Social Security Number of Spouse, if Married	Social Security Number of Spouse, if Married

Officers (Corporations only)

PRESIDENT	VICE PRESIDENT
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CHIEF FINANCIAL OFFICER	SECRETARY
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Directors (Corporations only)

Name	Name
Address	Address
City, State, Zip	City, State, Zip

Name	Name
Address	Address
City, State, Zip	City, State, Zip

Miscellaneous

Party that will act as representative for tax matters: _____

Party or parties that will be authorized signatories for checks (also state whether approval will be needed for threshold amounts): _____

Notes:

Date _____

Fee Quote _____

Deposit Received _____

Payment Type _____

Promised Date _____