

Client interview checklists for LLC formation, limited liability company outfit and EIN

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Easy instructions for the fillable PDF form

This PDF checklist lets you fill in, save, submit (as an email attachment), print, fax, or reuse the form or copies of it. Look on www.LawyersAidService.com for the most up-to-date version. You MUST have Adobe Reader version 8 or later for this document to function correctly.

The checklist features **key questions**. As you answer the key questions (those having a ⇌), other appropriate questions become active for you. Change your key choices, and different questions become active. Inactive questions will have no active blue boxes.

Hover your mouse over most blue selection boxes to view a pop-up with information about that question. The last page of the checklist automatically totals your order to make it easier to mail payment simultaneously.

When finished, hit the ‘Submit by email’ button on the last page. An email should automatically open in your default email application addressed to maindesk@LawyersAidService.com with this PDF attached. Hit send. Other options for submitting your order are listed on the last page.

Comment box

A. LLC formation checklist (For other entities and filings, see www.LawyersAidService.com)

- 1. The company will be governed by its: Members Managers
- 2. Proposed company name and two alternatives. Use exact punctuation and spacing. LLC names must include "limited liability company" or "limited company" or an abbreviation of one of those phrases. Professional LLC names must include "professional limited liability company" or an abbreviation.

- 3. Purpose (Check one. A nonprofit purpose is permitted.):
 - LLC:** "any lawful purpose..." (recommended)
 - Non-standard clause attached in comment box on [page 0](#)
 - PLLC:** "the practice of _____" (profession)(required)
 - NP LLC:** IRS 501(c)(3) (recommended)
 - 501(c)(3) plus other purpose clause attached in comment box on [page 0](#)
 - non-501(c)(3), purpose clause attached in comment box on [page 0](#)

- 4. a. Registered agent and registered office **street** address:
 - Lawyer's Aid Service, Inc., 408 West 17th, Suite 101, Austin, TX 78701 [RA Duties](#)
[RA Benefits](#)
 - Other registered agent and office (PO box addresses allowed only in towns smaller than 5,000):
- b. The RA has consented to serve. (Required. Free form at [LawyersAidService.com/RA.](#))
- c. Also file RA's signed written consent. (Optional. Attach. Free if submitted with a formation.)

- 5. Number of initial Managers or Members, whichever will govern: _____ (one is minimum).
Names and complete addresses (attach additional pages if needed):

- 6. Add optional special clauses to the Certificate? (Check all that apply. Call or email for exact text.):
 - IRS related:** Plan to file for Sub S status Designated under 1244 stock
 - Other:** Limit Director liability Buy-sell agreement
 - Limited duration: _____ years Delayed effective date:

- 7. Add your custom clause to the Certificate? No Yes, text attached on [page 0](#)

↔ A **key question** activates other questions appropriate to your choice. (continued)

B. Limited Liability Company Outfit checklist (Outfits and prices described on [last page](#).)

8. Type of LLC outfit: Deluxe Customized. Available to attorneys only. **Fill in 1-19.** Items 3-7 and 10-19 may be left blank. Defaults are used if no selection is made.
 Standard. **Fill in 1, 2, 8, and 9 only.** Defaults used for 3, 18, and 19.

9. Membership interest certificates to have a signature line for:
 Secretary (default) Sec. & Pres. Member Manager Other:

10. Initial principal **place of business** of the LLC (complete street address is best):

11. Organizational meeting: Date: _____ Time: _____ City: _____

12. Org. meeting: Chair: _____ Secretary: _____

13. Officers (Your Outfit requires a Secretary at minimum.):

Pres.: _____ Sec.: _____

VP: _____ Treas.: _____

Other: _____

14. Initial Members and the units of membership interest issued to each at the organizational meeting (a Member's proportional interest is the number of his or her units divided by all outstanding units):

Member name and mailing address	Number of units	Nature and value of contribution

15. Banking Resolution (optional, but required by many banks):

a. Name and address of bank selected as company depository:

b. Name and title of each person to be authorized to draw on company accounts:

16. Any custom clauses or documents attached? No Yes, add to: Agreement Minutes

17. Formation date (if known): _____ Filing number (if known): _____

Options:	Statutory defaults	Add'l Options for a Deluxe Outfit
a. One vote per:	<input type="checkbox"/> Member	<input type="checkbox"/> Unit of membership interest
b. Votes to amend the agreement:	<input type="checkbox"/> ALL	<input type="checkbox"/> a majority <input type="checkbox"/> 2/3 <input type="checkbox"/> 3/4
c. Votes to admit new members:	<input type="checkbox"/> ALL	<input type="checkbox"/> a majority <input type="checkbox"/> 2/3 <input type="checkbox"/> 3/4
d. Votes to admit assignees as members:	<input type="checkbox"/> ALL	<input type="checkbox"/> a majority <input type="checkbox"/> 2/3 <input type="checkbox"/> 3/4
e. Profit, loss, distributions allocated by:	<input type="checkbox"/> Agreed value of contribution	<input type="checkbox"/> Units of membership interest

19. Blanks (for attorney or client to fill in) to be indicated by: underlines (default) spaces

↔ **A key question** activates other questions appropriate to your choice. (continued)

C. Checklist for IRS Employer Identification Number (EIN)

- ☐ To register the new company with the IRS, a federal requirement, check the box to the left. Lawyer's Aid Service obtains your EIN, usually the same or the day after the LLC formation is done, and reports it to you immediately. You receive Form SS-4 by mail for your records. To order an EIN or EIN checklist for any other kind of business entity, call (888) 474-2112.

20. LLC name (if already known):

21. Mailing address for tax purposes:

22. Street address, if different:

23. Business phone: _____ Business fax (optional): _____

24. Number of managers/members: _____

25. Principal member's full name as it appears in Social Security records:

Social Security number:

Title: President other:

26. LLC tax classification:

Default (Single-member LLC is taxed as sole proprietorship, multi-member LLC as partnership)

If a multi-member LLC, the number of members is:

C Corporation (must timely file IRS Form 8832 to elect this classification)

S Corporation (must timely file IRS Form 2553 to elect this classification)

27. Closing month of accounting year: _____

28. Highest number of employees expected in the next 12 months:

Agricultural: _____

Household: _____

Other: _____

29. Earliest date wages may be paid, if any employees are listed above: _____

30. Do you expect \$4,000 or less in wages in the next full calendar year (Jan. – Dec.)? Yes No

31. Type of business or activity (must specify): _____

32. Specific merchandise sold or services provided: _____

33. Authorization (required):

A Lawyer's Aid Service representative is authorized as third-party designee to obtain the EIN.

34. Notify me of EIN by: fax phone FedEx e-mail

Custom fax/phone number or email: _____

(Original is mailed with bill.)

☛ A **key question** activates other questions appropriate to your choice.

(continued)

D. Order form, prices, and contact information

Prices *include* state filing fees, sales tax, mailing of Instant LLC Formation and EIN, and UPS shipment of Outfit. All prices may change without notice.

1. To order, select the services and outfit desired:

Instant LLC Formation

Get the quickest turnaround possible. Lawyer’s Aid checks name availability, drafts and files the Certificate, obtains the Acknowledgment of Filing, phones you with the filing number or faxes the Acknowledgment (at your request), and mails it with the file-marked Certificate.

Regular or professional (\$325 state fee) **\$375**

Registered agent service, prorated 1st year:

When a lawsuit is served, the attorney is called immediately. The citation is emailed, FedExed, faxed, and mailed according to your instructions. (Handling a service of process is \$20, plus a fee for any FedEx.)

Cost: \$10 per *full* month remaining in this calendar year. \$____

(Future years are \$120, pre-paid.)

EIN service

Lawyer’s Aid secures your IRS EIN and provides you a copy of form SS-4..... **\$50**

Deluxe Customized LLC Outfit

Seamlessly typed documents and forms customized with your company name in every title and footer. We completely fill in the Company Agreement, Organizational Meeting Minutes, and other key forms with your custom information. Looks most professional, saves you hours. The Outfit includes deluxe certificates, an embossing seal, minutes, company agreement, forms, binder and slipcase.

Member or Manager-managed, & PLLC ... **\$88**

Standard LLC Outfit

Like Customized Outfit, but with blanks in the preprinted text for your typist to fill in.

Member or Manager-managed & PLLC **\$54**

Long name on LLC Outfit

41+ characters/spaces in company name ... **\$10**

Rush Outfit the same day (order by 2:00).. **\$10**

Federal Express service:

Call (888) 474-2112 for options .. **Add \$_____**

2. Total for the above services and outfit selected

\$

3. Send to Lawyer’s Aid Service:

Use the buttons below to:

- Submit your order through email to maindesk@LawyersAidService.com
- Print a copy for your records, fax to LAS at (888) 474-4218, or scan and email it to maindesk@LawyersAidService.com
- Save for your records or to finish later
- Clear the form of all data and reset it for new entry

Please mail your payment simultaneously to:

Lawyer’s Aid Service, PO Box 848, Austin, Texas 78767-0848.

<p>Guarantee</p> <p>Unless you are thoroughly satisfied with your Company Outfit, Lawyer’s Aid Service will replace it or send you a full refund.</p>
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Attorney’s name: _____ Phone: _____

Contact name: _____ Phone: _____

Firm: _____ Fax: _____

Street: _____

Country: _____ City: _____ State: _____ Zip: _____

Email: _____

Type or sign your name below to confirm you are sending simultaneous payment (required)