

Client interview checklists for professional association formation, binder and EIN

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Easy instructions for the smart PDF checklist

This smart 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 **smart key questions**. As you answer the key questions (those having an *), other appropriate questions become active for you. Change your key choices, and different questions become active. Inactive questions will be greyed-out.

Hover your mouse over any blue selection box 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. PA formation checklist (For other entities or filings, call (888) 474-2112.)

1. Proposed name for the professional association and two alternatives. Use exact punctuation and spacing. Association names must contain associated, associates, association, or professional association, or an abbreviation of those.

* 2. Type of profession (for purpose clause):

- Joint practice (Check all that apply. All 1s may form joint practice together, all 2s, etc.)
- ¹Psychology ²Medicine
- ¹Psychiatric nursing ^{2,3}Osteopathy
- ¹Licensed professional therapy ²Podiatry
- ¹Licensed professional counseling Dentistry
- ¹Licensed marriage and family therapy Chiropractic medicine
- ¹Clinical social work ³Optometry
- ¹Other licensed mental health profession: ³Therapeutic optometry
- Veterinary medicine

3. *Optional* – Total authorized shares:
(To classify shares, provide class names, totals authorized, and par values for each.)

4. *Optional* – Par value:

* 5. Registered agent and registered office **street** address:

- Lawyer’s Aid Service, Inc., 408 West 17th, Suite 101, Austin, TX 78701 (see page 4 for fees)
- Other registered agent and office (PO box addresses allowed only in towns smaller than 5,000):

All members must be licensed in Texas to practice the association’s profession.

6. Names and addresses of the initial members (minimum is one member):

* A **smart key question** that activates other questions for you

(continued)

7. The professional association will be governed by: board of directors executive committee
- * 8. Names and addresses of the initial **members** serving as the governing authority (Minimum is one.):
 All members serve as part of the governing authority.
 Only certain members serve as part of the governing authority. Those members are as follows:

-
- * 9. **All initial members must sign the Certificate of Formation. Lawyer's Aid Service cannot sign on their behalf.** Select a procedure for signature:
- Normal: Lawyer's Aid prepares and faxes you the customized Certificate of Formation. You obtain members' signatures and return by fax to Lawyer's Aid at (888) 474-4218.
- Fax to your clients: Lawyer's Aid prepares and faxes the customized Certificate directly to the members. They sign and return the Certificate by fax to Lawyer's Aid.
 Member's fax number: _____ Fax attn: _____
 Member's fax number: _____ Fax attn: _____
- Other: _____

10. Add optional special clauses to the Certificate? (Check all that apply.):

- Delayed eff. date: _____
- Limited duration: _____ years

11. Add your custom clause to the Certificate? No Yes, text attached in comment box on [page 0](#)

B. Checklist for customized binder, slipcase, and embossing seal

12. Would you like a black three-ring binder, slipcase, and embossing seal customized with the association's name? (see [page 4](#) for fees)

- Binder, slipcase, and seal Binder and slipcase only Embossing seal None

* A **smart key question** that activates other questions for you

(continued)

C. Checklist for IRS Employer Identification Number (EIN)

* To register the new professional association 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 incorporation 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.

13. Professional association name (if already known):

14. Mailing address for tax purposes:

15. Street address, if different:

16. Business phone (required):

Business fax (optional):

17. Principal officer's full name as it appears in Social Security records:

Social Security number:

Title: President Other:

18. Check this box if you plan to apply for Subchapter S Status

(You must also file IRS Form 2553 within 75 days.)

19. Closing month of accounting year:

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

Agricultural:

Household:

Other:

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

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

23. Type of business or activity (must specify):

24. Specific merchandise sold or services provided:

25. Authorization (required):

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

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

Custom fax/phone number or email:

(Original is mailed with bill.)

* A **smart key question** that activates other questions for you

(continued)

D. Order form, prices, and contact information

Prices *include* state filing fees, sales tax, mailing of Instant Association and EIN, and UPS shipment of customized binder, slipcase, and seal. All prices subject to change without notice.

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

Instant Association

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 file number or faxes the Acknowledgment (at your request), and mails it with the file-marked Certificate.

Professional Association (\$775 state fee).. **\$825**

Registered agent service, partial 1st year:

_____ full months in yr x \$10 = ...\$_____

Send \$10 per full month remaining in this calendar year. (Future years are \$120, pre-paid.) When a lawsuit is served, the attorney is called immediately. The citation is copied, FedExed, faxed, or mailed according to your instructions. (Handling a service of process is \$20, plus a fee for any fax or FedEx.)

EIN service

Lawyer’s Aid completes Form SS-4 and gets your IRS EIN directly after formation..... **\$50**

Customized binder, slipcase, and seal

Professionally organize your important professional association documents with a customized three-ring binder, slipcase, and embossing seal (satisfaction guaranteed).

Binder, slipcase, and seal..... **\$37.50**

Binder and slipcase only..... **\$16.50**

Embossing seal only..... **\$22**

Long name on embossing seal

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

Rush binder 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: _____

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