

Client interview checklists for professional association formation, binder and EIN

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Easy instructions for the fillable PDF form

This Adobe PDF form lets you electronically fill in the form to print out, reuse, or attach to an email for submission. Visit 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. Download it [here](#).

The electronic version of 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.

If filling out electronically, hover your mouse over many 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, you can submit your order form by mail, by printing and faxing, or by email. There is also a “Clear form” button on the last page.

Add your further instructions and overflow text in the box on page 5.

Instructions box:

Covered in these checklists

Professional association formation

Section A lets you set up a new Texas professional association, have Lawyer’s Aid check the name availability, create the Certificate of Formation on archive bond, advance the filing fees, walk it through, and help you resolve any problems on the spot. Turnaround is normally 24 hours or less. For other entities and filings, see our website, or call (888) 474-2112.

Professional registered agent service

On question 4 of Section A, you can designate Lawyer’s Aid as the company’s registered agent. For peace of mind about handling of legal notices, including lawsuits, a professional registered agent service is recommended. If you choose Lawyer’s Aid, we’ll follow up to get your contact instructions.

Customized binder, slipcase, and embossing seal

In Section B, you can choose to order a customized binder and slipcase, an embossing seal with the professional association’s name, or both. The black vinyl three-ring binder shows the company name in gold on its spine, and stores in a matching slipcase.

IRS Employer Identification Number (EIN)

Section C allows you to order an EIN for the professional association. Lawyer’s Aid deals with the IRS instead of you to get the federal tax ID. You receive the EIN on the SS-4 form usually in 24-48 hours by your choice of email or fax, then mail. Multiple EINs for related entities are discounted.

A. PA formation checklist

(For other entities and filings, see our [website](#))

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

- Type of profession (for purpose clause):

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

- Optional* – Total authorized shares:

Optional – Par value:

- a. Registered agent and registered office **street** address:

[RA Duties](#)
[RA Benefits](#)

- Lawyer’s Aid Service, Inc., 408 West 17th, Suite 101, Austin, TX 78701
- Other registered agent and office (PO box not allowed. If rural, street description plus PO box is allowed.):

Registered agent: _____

Registered office street address: _____

Registered office city: _____ State: _____ Zip code: _____

- b. The RA has consented to serve. (required)

- c. Also file RA’s signed written consent. (optional free form at LawyersAidService.com/RA)

5. Number of initial Members: _____ (1 is minimum).

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

Names and complete addresses (attach additional pages if needed, or use Instructions Box on [p. 5](#)):

↔ A key question activates other questions for you

(continued)

6. The professional association will be governed by: board of directors executive committee
7. 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:

8. **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: _____
 Other (such as email): _____

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

- Limited duration: _____ years
 Delayed effective date: _____
 If shares are authorized: Allow preemptive rights
 If shares are authorized: Allow cumulative voting

10. Add your custom clause to the Certificate? No Yes, text attached in your additional instructions form box on [page 5](#)

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

11. 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 key question that activates other questions for you

(continued)

C. Checklist for IRS Employer Identification Number (EIN)

To register the new PA with the IRS, a federal requirement, check the box to the left.

All fields are required.

Lawyer's Aid Service obtains your EIN, usually the same day or the day after the PA is formed, and reports it to you immediately. You receive Form SS-4 by mail for your records. To order an EIN for any other kind of business entity, call (888) 474-2112 or see our [website](#).

12. Professional association name (if already known):

13. Street address for tax purposes:

14. Mailing address, if different:

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

Social Security number: _____ Title: President Other: _____

16. Check this box if you plan to apply for Subchapter S status.

If so, you must also file IRS Form 2553 within 75 days.

17. Closing month of accounting year: December (recommended) other:

18. Fill in this box only if there will be employees in the next 12 months:

Highest number of employees expected in next 12 months:

Agricultural: _____ Household: _____ Other: _____

Earliest date wages may be paid: _____

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

19. Type of business or activity (e.g. healthcare, construction, transportation, food service, real estate, retail, etc.):

20. Specific merchandise sold or produced, or services provided:

21. Business phone:

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

23. Notify me of EIN by: fax phone e-mail (Original is mailed with bill.)

Fax, phone, or email address: _____

→ A key question that activates other questions for you

(continued)

D. Order form, prices, and contact information

Prices *include* state filing fees, sales tax, and mail/shipping costs. All prices may change without notice.

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

Instant Association

Get the quickest turnaround time possible. Lawyer's Aid checks for name availability; drafts and files the Certificate; obtains the Acknowledgment of Filing; phones, faxes, or emails you with the Acknowledgment (your choice); and mails it with the file-marked Certificate.

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

Registered agent service, prorated 1st year:

When a lawsuit is served, the attorney is called immediately. The citation is sent to you via email, FedEx, or fax, according to your instructions, and then mailed as well.

Cost: \$10 per month left in this calendar year.
Future years are \$120\$_____

EIN service

Lawyer's Aid obtains your IRS EIN and provides you with a copy of form SS-4 **\$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 noon) **\$10**

Federal Express service

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

2. Total for the above services and outfit selected \$

3. Submit to Lawyer's Aid Service:

Email to maindesk@LawyersAidService.com

Print and fax to (888) 474-4218

Call (888) 474-2112 to place your order.

<p>Guarantee</p> <p>Unless you are thoroughly satisfied with your binder or seal, Lawyer's Aid Service will replace it or send you a full refund.</p>
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Please mail your payment simultaneously to:

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

Attorney's name: _____ Phone: _____

Contact name: _____ Phone: _____

Firm name: _____ Fax: _____

Street address: _____

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

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

E. Your further instructions

Use this box to

- Enter any special instructions you have about this order, including overflow text, special clauses, or queries about other services
- Share your comments, complaints, or suggestions. How can we make things better?
- Tell us how to contact you about this order, if you have a preference.
- Let us know how you heard about Lawyer's Aid. An ad? A person?

If, when faxing or mailing in the form, any text overflows the box, please attach it.

Instructions box: