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**Corporate Entity Formation Questionnaire**  
INFORMATION ABOUT OWNERS

**Owner #1:** \_\_\_\_\_

If married, spouse name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Ownership interest held: \_\_\_\_\_ %

Voting interest held (if different): \_\_\_\_\_ %

Time to be devoted to the business: \_\_\_\_\_ %

Management function: \_\_\_\_\_

Salary from business: \_\_\_\_\_

Taxable year, if different from calendar: \_\_\_\_\_

Guaranteed minimum return (if any): \_\_\_\_\_

Family and/or prior business relationship to other participants: \_\_\_\_\_  
\_\_\_\_\_

**Owner #2:** \_\_\_\_\_

If married, spouse name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Ownership interest held: \_\_\_\_\_ %

Voting interest held (if different): \_\_\_\_\_ %

Time to be devoted to the business: \_\_\_\_\_ %

Management function: \_\_\_\_\_

Salary from business: \_\_\_\_\_

Taxable year, if different from calendar: \_\_\_\_\_

Guaranteed minimum return (if any): \_\_\_\_\_

Family and/or prior business relationship to other participants: \_\_\_\_\_  
\_\_\_\_\_

**Owner #3:** \_\_\_\_\_

If married, spouse name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Ownership interest held: \_\_\_\_\_ %

Voting interest held (if different): \_\_\_\_\_ %

Time to be devoted to the business: \_\_\_\_\_ %

Management function: \_\_\_\_\_

Salary from business: \_\_\_\_\_

Taxable year, if different from calendar: \_\_\_\_\_

Guaranteed minimum return (if any): \_\_\_\_\_

Family and/or prior business relationship to other participants: \_\_\_\_\_  
\_\_\_\_\_

**Owner #4:** \_\_\_\_\_

If married, spouse name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Ownership interest held: \_\_\_\_\_ %

Voting interest held (if different): \_\_\_\_\_ %

Time to be devoted to the business: \_\_\_\_\_ %

Management function: \_\_\_\_\_

Salary from business: \_\_\_\_\_

Taxable year, if different from calendar: \_\_\_\_\_

Guaranteed minimum return (if any): \_\_\_\_\_

Family and/or prior business relationship to other participants: \_\_\_\_\_  
\_\_\_\_\_

*Please attach additional sheets if there are more than four owners.*

**Please answer the following questions related to the structure of your entity. The questions relate to both corporations and limited liability companies. If you feel that a question is not applicable please skip it.**

1. Name of corporation/company

First choice: \_\_\_\_\_

Second choice: \_\_\_\_\_

Third choice: \_\_\_\_\_

2. Is entity duration to be perpetual? ("Yes" or "No"?)

If "no," specify number of years: \_\_\_\_\_

3. Are business purposes to be limited to other than engaging in any lawful business? ("Yes" or "No"?)

a. If yes please describe what limited business purpose: \_\_\_\_\_

\_\_\_\_\_

4. Capital structure.

a. Common shares or Units

(1) Number authorized: \_\_\_\_\_

(2) Without par value. ("Yes" or "No"?) \_\_\_\_\_

(3) Stated par \$ \_\_\_\_\_/share.

b. Limitation on rights.

\_\_\_\_\_

c. Preferred shares. ("Yes" or "No"?)  skip if forming an LLC

(1) Number of classes of preferred shares.

(2) Board authorized to fix series. ("Yes" or "No"?)

(3) Class or series.

(a) Number authorized.

(b) Par value \$ \_\_\_\_\_/share; no par value \_\_\_\_\_.

(c) Voting rights. ("Yes" or "No"?)

(d) Preference listed in Articles of Incorporation. ("Yes" or "No"?) If "Yes," identify.

(e) Redemption.

- 5. Eliminate cumulative voting. ("Yes" or "No"?) --skip if forming an LLC
- 6. Provide for preemptive rights. ("Yes" or "No"?) --skip if forming an LLC
- 7. Restrictions on transfers
  - a. Included in articles [Yes / No ]
  - b. Delegated to directors [Yes / No ]
  - c. Description: \_\_\_\_\_

- 8. Staggered terms for directors. ("Yes" or "No"?) If "Yes": --skip if forming an LLC
  - a. Two groups or three groups?
  - b. Length of term: \_\_\_\_\_

9. Initial registered agent name: \_\_\_\_\_

10. Initial registered office address: \_\_\_\_\_

11. Initial directors --skip if forming an LLC

Please provide Name and contact info

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

12. Incorporator/Organizer  
Name and Address.

\_\_\_\_\_

13. Delay effective date? ("Yes" or "No"?)  
If "Yes," specify date: \_\_\_\_\_

14. Is a professional license required to perform specific business activities?  
If yes please describe: \_\_\_\_\_  
\_\_\_\_\_

15. Please provide name of CPA firm \_\_\_\_\_

16. Please provide name of bank \_\_\_\_\_

17. Capital Contribution

| Name | Cash or Asset (Basis & FMV) | Shares/Units |
|------|-----------------------------|--------------|
|      |                             |              |
|      |                             |              |
|      |                             |              |