



Limited Liability Company Formation Questionnaire

- 1. Limited Liability Company Name:
2. Alternative Name (in case your first choice is unavailable):
3. Address of Principal Place of Business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable):
4. Name and address of Registered Agent (P.O. Box alone or c/o is unacceptable):

5. Purpose(s) for which the Limited Liability Company is organized:

“The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act.”

Note: This purpose statement can only be used if you are not providing medical services that fall under the Illinois Medical Practice Act or regulations thereunder.

- 6. Management will be vested in: ___Manager (can be a member or non-member) ___Member(s)
7. If management will be vested in a Manager, please provide the following information:
8. Manager:
Social Security Number: Date of Birth:
Address:
9. Member (Owner):
Social Security Number: Date of Birth:
Address:

10. Highest number of employees you expect to hire in the next 12 months:

11. Do you expect your employment tax liability to be \$1,000 or less in a full calendar year?
___Yes ___No (If you expect to pay \$4,000 or less in total wages in a full calendar year, mark “Yes.”)

12. Describe your business activities: