

Bachleda & Rodriguez Companies

New Business Formation Checklist

Name of Business: _____

Name Choice #1: _____

Name Choice #2: _____

Name Choice #3: _____

Name Choice #4: _____

Nature of Business: _____

Type of Tax Entity: _____

Subject to Sales Tax: No Yes Need (circle one)

Payroll: No Yes (circle one)

Assumed Name: No State County (circle one)

Business Address: _____

Business Phone #: _____

OWNERS & OFFICERS

1. Owner / Officer Name: _____

Title: _____

Address: _____

Date of Birth: _____ DL _____ State _____

Social Security #: _____

Phone #: _____

E-mail: _____

Cash Contribution: _____

2. Owner / Officer Name: _____

Title: _____

Address: _____

Date of Birth: _____ DL _____ State _____

Social Security #: _____

Phone #: _____

E-mail: _____

Cash Contribution: _____

\$1,500 Set up fee due in advance. (unless otherwise stated) _____