

## Business Planning - Corporations

Corporate Name:

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Tradename(s):

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State of Incorporation (If not Utah):

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Date of Incorporation:

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Business Address:

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City:

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State:

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Zip:

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Within City Limits?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Business Telephone:

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Business Fax:

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Business Email:

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Number of Authorized Shares:

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Registered Agent:

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Registered Address:

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Share Holders (name and addresses):

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Directors (name and addresses):

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**Officers (names and addresses):**

President:

CEO:

Vice President:

Secretary:

Treasurer

Other:

Annual Meeting will be held:

Corporate Book Color

Black

Brown

Burgundy

Share Color:

Blue

Brown

Green

Share will be signed by President and:

Sub S Election?

Other:

**Shareholder Information: Required for federal and state tax purposes**

Shareholder Legal Name:

Date of Birth:

SSN:

Address:

City:

State:

Zip:

Spouse Legal Name (if any):

Date of Birth:

SSN:

Shareholder Legal Name:

Date of Birth:

SSN:

Address:

City:

State:

Zip:

Spouse Legal Name (if any):

Date of Birth:  SSN:

Shareholder Legal Name:

Date of Birth:  SSN:

Address:

City:  State:  Zip:

Spouse Legal Name (if any):

Date of Birth:  SSN:

Shareholder Legal Name:

Date of Birth:  SSN:

Address:

City:  State:  Zip:

Spouse Legal Name (if any):

Date of Birth:  SSN:

**Current/Former Business Info:**

Business Name:  Month/Year Started:

EIN:  UBI:

Close this UBI?  Yes  No If Yes, date:

Former Business Name:  Month/Year Started:

EIN:  UBI:

Close this UBI?  Yes  No If Yes, date:

**New Corporation:**

Business Category:  Wholesale  Retail  Manufacturing  Services

Principal Products or Services:

Business Bank:

Do Owners want optional L&I coverage for themselves?  Yes  No

(Note: This coverage is generally inexpensive and is recommended for owners if there is any risk of business-related injury.)

Estimated Gross Income First Year: \$  Estimated # of Employees:

Employees other than owner?  Yes  No

If Employees: Number:  # under 16:

Describe in detail the activities of employees: 3- Month Estimate

Worked:	# Employees	Hours

**THIS INFORMATION IS STRICTLY CONFIDENTIAL**

If you become a client and change address, or phone please notify us immediately.

**LAW OFFICES OF BOND & BOND, LLC**

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