



C Corporation / S Corporation Formation Checklist

Questions on how to complete this form?

Call 1-800-600-1760 from 8am - 5pm PST

Return completed forms to:

info@corporatedirect.com

or fax form to: 1-775-824-0105

Organization

ORGANIZATION - 1ST CHOICE FOR NAME OF ENTITY	DO YOU WANT TO FORM A "C" OR AN "S" CORPORATION*? <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation*
2ND CHOICE FOR NAME OF ENTITY	IN WHICH STATE ARE WE FORMING YOUR ENTITY?
3RD CHOICE FOR NAME OF ENTITY	IN WHICH STATE(S) WILL YOU DO BUSINESS?*
WHEN DOES YOUR CORPORATION'S FISCAL YEAR END? LIST MONTH & DAY	WILL YOUR CORPORATION BE FOR PROFIT OR NON-PROFIT? <input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit
WHAT WILL YOUR BUSINESS DO? (BASIC ONE-LINE SUMMARY)	

Directors

NAME(S) AND ADDRESS(ES) OF DIRECTOR(S). (MANY STATES ALLOW ONE OR MORE. THE NUMBER MAY BE INCREASED OR DECREASED AT STOCKHOLDER OR DIRECTOR MEETINGS, DEPENDING ON NUMBERS BEING ADDED/DECREASED. ATTACH LIST IF SPACE IS INSUFFICIENT.)

NAME (MR., MRS., OR MS.)	ADDRESS
NAME (MR., MRS., OR MS.)	ADDRESS
NAME (MR., MRS., OR MS.)	ADDRESS

Officers

NAME(S) AND ADDRESS(ES) OF OFFICER(S). (YOU MUST APPOINT A PRESIDENT, SECRETARY AND TREASURER. MANY STATES ALLOW THIS TO BE ONE PERSON, WHO MAY OR MAY NOT ALSO BE A DIRECTOR.)

PRESIDENT (MR., MRS., OR MS.)	ADDRESS***	
SECRETARY (MR., MRS., OR MS.)	ADDRESS***	
TREASURER (MR., MRS., OR MS.)	ADDRESS***	
PLEASE PROVIDE THE NAME & SOCIAL SECURITY NUMBER OF ONE OF THE OFFICERS.	NAME***	SOCIAL SECURITY NUMBER***

*S CORPORATIONS MUST BE FILED BY YOUR CPA.	**IF THE STATE YOU ARE DOING BUSINESS IN IS DIFFERENT THAN THE STATE YOU ARE FORMING YOUR ENTITY IN, WE WILL PROVIDE YOU WITH A QUOTE FOR QUALIFYING (OR REGISTERING) THE COMPANY IN A SECOND STATE.
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*** IF ALL YOUR CORPORATION'S OFFICERS AND DIRECTORS ARE NON-U.S. PERSONS, PLEASE PROVIDE LEGIBLE PHOTOCOPIES OF A PASSPORT WITH PHOTOGRAPH AND IDENTIFICATION PARTICULARS.



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Shares

AUTHORIZED CAPITAL & PAR VALUE.

(STANDARD AMOUNT IS EITHER 1,000,000 SHARES OR 10,000 SHARES AT A \$.001 PAR VALUE. PLEASE CALL IF YOU WANT MORE AUTHORIZED SHARES OR IF YOU WISH TO ALSO HAVE PREFERRED OR OTHER CLASSES OF STOCK.

COMMON

NUMBER: _____

PAR VALUE: _____

PREFERRED (NOT APPLICABLE FOR S CORPORATIONS)

NUMBER: _____

PAR VALUE: _____

Founding Shareholders

NAME(S) AND ADDRESSES OF INITIAL SHAREHOLDERS, NUMBER OF SHARES BEING RECEIVED AND CONSIDERATION BEING PAID.
(CONSIDERATION MAY BE PAID BY CASH, ASSETS, OR SERVICES TO BE PROVIDED. ATTACH LIST IF SPACE IS INSUFFICIENT.)

NAME (MR., MRS., OR MS.)	ADDRESS	NUMBER OF SHARES	CONSIDERATION PAID
NAME (MR., MRS., OR MS.)	ADDRESS	NUMBER OF SHARES	CONSIDERATION PAID
NAME (MR., MRS., OR MS.)	ADDRESS	NUMBER OF SHARES	CONSIDERATION PAID
NAME (MR., MRS., OR MS.)	ADDRESS	NUMBER OF SHARES	CONSIDERATION PAID
NAME (MR., MRS., OR MS.)	ADDRESS	NUMBER OF SHARES	CONSIDERATION PAID

Contact Information & Services

HOW DID YOU HEAR ABOUT CORPORATE DIRECT?

YOUR CONTACT DETAILS: THIS IS NOT FOR THE PUBLIC. THIS IS HOW WE CONTACT YOU AND WHERE WE CAN SEND YOUR DOCUMENTS.	NAME (MR., MRS., OR MS.)	
	ADDRESS	
	EMAIL	DO YOU WANT NOMINEE SERVICE FOR YOUR CORPORATION? <input type="checkbox"/> Yes <input type="checkbox"/> No
	TELEPHONE (MAIN)	CELL
	FAX	DO YOU WANT US TO APPLY TO THE IRS FOR THE TAX ID? <input type="checkbox"/> Yes <input type="checkbox"/> No