

**GEHRES LAW GROUP, P.C.**  
**CA For-Profit Corporation Formation Questionnaire\***

1. In which state(s) would you like to incorporate? \_\_\_\_\_

2. Will the corporation have offices in other states? \_\_\_\_\_ If yes, in which state(s): \_\_\_\_\_

3. Proposed Name of Corporation: \_\_\_\_\_  
 If the above name is unavailable, list two additional names in the order of preference.

a. \_\_\_\_\_

b. \_\_\_\_\_

4. Principal Business Address: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

Same as mailing address?  Yes  No

6. Telephone & Fax: \_\_\_\_\_

7. Email Address: \_\_\_\_\_

8. The attorneys of Gehres Law Group, P.C. will be elected as your agent for service of process for a fee of \$150 per year unless you provide other agent information below.

IF NO:

Agent's Name and Street Address: \_\_\_\_\_

9. Describe the Corporation's type of business: \_\_\_\_\_

10. Full names and addresses of shareholders and their proportionate interest in the corporation.

Name	Address	Phone #	Percentage or Number of Shares	Capital Contribution

11. Names, addresses and salaries of all officers:

	NAME	ADDRESS	ANNUAL SALARY
PRESIDENT			
VICE PRESIDENT (OPTIONAL)			
SECRETARY			
TREASURER			
OTHER			

12. S-Corporation election?  Yes  No

a. Date corporation will begin doing business: \_\_\_\_\_

b. Tax year end date: \_\_\_\_\_

13. How many shares is the Corporation authorized to issue and par value of each share?

\_\_\_\_\_

14. Would you like us to obtain an Employer ID number for the Corporation?  Yes  No

a. If you answered "yes" for Question 14, please provide the following information:

NAME IF PRINCIPAL OFFICER	
ADDRESS	
PHONE NUMBER	
SOCIAL SECURITY NUMBER	

Does your business own a highway motor vehicle weighing 55,000 pounds or more?

Yes  No

Does your business involve gambling?

Yes  No

Does your business sell or manufacture alcohol, tobacco, or firearms?

Yes  No

Does your business pay federal excise taxes?

Yes  No

Has this entity ever received or applied for an EIN before?     Yes     No

15. Do you plan on having employees in the next year (not including owners)?     Yes     No

16. Do you expect to pay any employees \$100 or more in a quarter (including corporate officers)?  
If so, please complete the following:

a. First quarter in which the corporation will pay any employees \$100 or more: \_\_\_\_\_

b. Number of employees residing in California: \_\_\_\_\_

c. Number of employees residing in California who perform all of their work outside of California: \_\_\_\_\_

17. Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

\_\_\_\_\_

18. In which CA county will the corporation be doing business? \_\_\_\_\_

19. Name and address of incorporator(s): \_\_\_\_\_

\_\_\_\_\_

20. Authorized number of directors (Minimum of 3 required):

a. Fixed #: \_\_\_\_\_

or

b. Variable: From \_\_\_\_\_ to \_\_\_\_\_

21. Optional Provisions Desired: \_\_\_\_\_

\_\_\_\_\_

22. Names and addresses of the initial directors:

NAME	ADDRESS	PHONE #

23. Organizational Meeting (or unanimous written consent in lieu of meeting):

a. Meeting date: \_\_\_\_\_

b. Place of Meeting: \_\_\_\_\_

24. Please indicate the type of services client is engaging Gehres Law Group, P.C. to perform for the corporation:

- |   |  |
|---|--|
| <input type="radio"/> Basic Incorporation Package       | <input type="radio"/> Name Availability Search with SOS                    |
| <input type="radio"/> Document Review Only              | <input type="radio"/> Statement of Information                             |
| <input type="radio"/> Document Filing                   | <input type="radio"/> Federal Trademark Registration                       |
| <input type="radio"/> Apply for EIN                     | <input type="radio"/> Issue Stock Certificates                             |
| <input type="radio"/> Local Registration of Corporation | <input type="radio"/> Register Corporate Name as Trademark with State      |
| <input type="radio"/> Bank Resolution                   | <input type="radio"/> Annual Registered Agent Services                     |
| <input type="radio"/> Election as S Corp                | <input type="radio"/> Register with EDD (if the corporation has employees) |
| <input type="radio"/> Complete Corporation Package      |  |

Other Services: \_\_\_\_\_

25. Would you like additional information from us regarding other services? If so,

Please specify: \_\_\_\_\_  
\_\_\_\_\_

\*See Schedule of Fees for pricing at <http://gehreslaw.com/entity-formation/>

What steps do I take next?

1. Contact us for your preferred method of submitting your completed form at 858-964-2314 or 877-333-2420 of [tina@gehreslaw.com](mailto:tina@gehreslaw.com)

\*Sending this completed form to Gehres Law Group, P.C. does not, by itself, establish an attorney-client relationship. For more information, please see our Terms of Use at <http://gehreslaw.com/terms-use/>