

LLC FORMATION QUESTIONNAIRE

Under Revised Iowa Limited Liability Act
(Iowa Code Chapter 489)



**ROBERTS
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ATTORNEYS AT LAW

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I. Organizational Documents

A. Name of LLC: _____

B. Name of registered agent:

Yourself Brian C. Eddy Stephanie A. Sailer

Jeremy B. Hahn Nick A. Sailer Andrew E. Steffensmeier

C. Address of registered agent (no PO Box) (publicly available):

D. Address of home office (i.e., where the company's records are kept) (publicly available):

E. Name of organizer:

Brian C. Eddy Stephanie A. Sailer Jeremy B. Hahn

Nick A. Sailer Andrew E. Steffensmeier

F. Desired Effective Date of Formation:

Upon formation Future date: _____

G. Initial Member(s) / Owner(s) (if more than four, attach separate sheet):

<u>Name</u>	<u>Current Residential Address</u>

H. Manager(s) (if more than four, attach separate sheet):

Check here if all members are managers

<u>Name</u>	<u>Current Residential Address</u>

I. Capital Contributions (\$500 minimum or assets of same or greater value recommended; LLC needs to be sufficiently “capitalized” to maintain liability protection. Capital contribution can be immediately used to pay start-up expenses, but this serves as your initial “equity” to the LLC.) List the owner(s) and the amount of cash that will be put into the LLC at startup:

<u>Member/Owner</u>	<u>Amount of Cash Contribution</u>
_____	_____
_____	_____
_____	_____

J. Name and City Location of Designated Bank / Financial Institution:

II. IRS: Application for Federal Tax ID #

A. Mailing Address of LLC: _____

B. Principal Member and their social security number:
 Name: _____ SSN: _____

- C. Tax Status: (Select one; if unsure, leave blank).
- Disregarded Entity (for single member LLCs)
 - Partnership (LLCs with 2 or more members)
 - Corporation (not advised if owning real estate)
 - S-Corporation (not advised if owning real estate)

D. # of Employees expected in Year 1: ____ Date wages will first be paid? _____

E. Principal Activity: _____

F. Tax Year End: December (if fiscal tax year, insert here: _____)

G. Phone Number of LLC: _____

H. Email Address: _____

III. Iowa Department of Revenue: State Withholding (SWH) and/or Sales Tax

A. Names and social security numbers of at least two members/partners (if the LLC is to be taxed as a partnership): _____ SSN: _____

_____ SSN: _____

_____ SSN: _____

B. Will the LLC have employees and need a SWH number? Yes No

C. Will the LLC be selling items and need to be registered for sales tax? Yes No

D. If yes to "C" above:

a. Will there be sales every month of the year? Yes No

b. If "No," please list the months you expect to have sales:

c. What is the projected amount of sales tax to be collected annually? (If it's less than \$1,200, you'll need to file sales tax annually; if it's \$1,200 or more, you'll need to file monthly.) _____

d. What is the start date for collecting sales tax? _____

IV. Iowa Workforce Development and Iowa Division of Labor: Application for UI Account Number and/or Contractor Registration

A. If no employees, will the business need a State Unemployment Tax Account (SUTA) number for a Contractor Registration? (Note: Construction related companies are usually the only business that need a contractor registration number) Yes No

B. If yes to "A" above, provide the names, addresses, and social security numbers of all members (if applicable): _____ SSN: _____

_____ SSN: _____

_____ SSN: _____

C. Would you like us to prepare the Contractor Registration Application? Yes No