

# CORPORATION FORMATION QUESTIONNAIRE



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## I. Organizational Documents

A. Name of Corporation: \_\_\_\_\_

B. Name of registered agent:

☐ Yourself   ☐ Brian C. Eddy  
☐ 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 incorporator:

☐ Brian C. Eddy   ☐ Jeremy B. Hahn  
☐ Nick A. Sailer   ☐ Andrew E. Steffensmeier

F. Is this an incorporation of an existing business? ☐ Yes   ☐ No

G. Date of Incorporation: ☐ Upon formation   ☐ Future date: \_\_\_\_\_

H. Names of the Members of the Board of Directors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Names & Addresses of Officers:

	Name	Current Residential Address
CEO/President		
Secretary		
Treasurer		

J. Shareholders (if more than three, attach separate sheet):

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Amount Contributed for Shares: \$ \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Amount Contributed for Shares: \$ \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Amount Contributed for Shares: \$ \_\_\_\_\_

II. **IRS: Application for Federal Tax ID #**

- A. Mailing Address of Corporation: \_\_\_\_\_  
\_\_\_\_\_
- B. Principal Officer and their social security number:  
\_\_\_\_\_ SSN: \_\_\_\_\_
- C. To be taxed as a S Corporation? ☐ Yes ☐ No
- D. Employees: If any, how many? \_\_\_\_\_ Date wages will first be paid? \_\_\_\_\_
- E. Principal Activity: \_\_\_\_\_
- F. Tax Year End: December (if fiscal tax year, insert here: \_\_\_\_\_)
- G. Phone Number of Corporation: \_\_\_\_\_
- 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 shareholders:

\_\_\_\_\_, SSN: \_\_\_\_\_

\_\_\_\_\_, SSN: \_\_\_\_\_

- B. Will the corporation have employees and need a SWH number? ☐ Yes ☐ No

- C. Will the corporation 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