

# LLC FORMATION QUESTIONNAIRE

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



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## I. Organizational Documents

A. Name of LLC: \_\_\_\_\_

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 organizer:

☐ Brian C. Eddy ☐ 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