

REFERRED BY:  
 MSF OFFICE LOCATION:  
 MSF EMPLOYEE:

# CHECKLIST FOR LLC

## PART 1: CLIENT INFORMATION

Client's Name (First, Last):  Designated Address:

City:  State:  Zip:

Primary Phone:  Home  Cell -- Secondary Phone:  Home  Cell --

Name of LLC (Three choices in order of preference):

What Does This Company Do?  Name of Registered Agent (Person receiving official notifications)

Registered Address of LLC:  City:

City:  State:  Zip:

## PART 2: LLC MEMBER INFORMATION

Managing Member  Non-Managing Member

Client's Name (First, Last):  SSN: -- % of Ownership:

Address:  City:  State:  Zip:

Email:

Managing Member  Non-Managing Member

Client's Name (First, Last):  SSN: -- % of Ownership:

Address:  City:  State:  Zip:

Email:

### PART 3: PAYMENT INFORMATION

### FEE(S) & OTHER ADDITIONS

Credit Card #:

Expiration Date:

Name on Card:

Security Code:

Address on Card:

City:

State:

Zip Code:

LLC Organization:	\$299.99
State Filing Fee:	\$ _____
S-Corp Election:	\$25.99
Postage to Mail Binder:	\$11.30

Please bill my credit card for the items checked:

- LLC Organization    
  S-Corp Election: Form 2553    
  Filing Fees    
  Postage

Total to be Billed: \$

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date