

**QUESTIONNAIRE
for
BUSINESS**

GENERAL INFORMATION:

Client #1:

Name: _____ Date of Birth: _____

Social Security Number: _____

Primary Address: _____
_____ State _____ Zip Code _____

Email Address: _____

Telephone Numbers:

- Home _____
- Business _____
- Cell _____
- Fax _____

ROLE in the business? Sole Proprietor Owner of Stock (_____ %)

Partner

Client #2—FOR PARTNERSHIP:

Name: _____ Date of Birth: _____

Social Security Number: _____

Primary Address: _____
_____ State _____ Zip Code _____

Email Address: _____

Telephone Numbers:

- Home _____
- Business _____
- Cell _____
- Fax _____

ROLE in the business? Sole Proprietor Owner of Stock (_____ %)

Partner

BUSINESS:

Name: _____

Purpose of the Business:

Address: _____

Telephone: _____

Fax: _____

1. Corporate Structure:

Type: _____

How long in business: _____

Tax Status: _____

Due Diligence Issues:

2. Specific requests for legal advice:

3. Employees:

Number: _____

Ages: _____

How paid? W-2: _____ 1099: _____

4. Business insurance:

5. Business pension plan:

6. Anticipated future/growth:

7. Accounting/bookkeeping:
