## Tax Advisory Group OF JACKSONVILLE, INC.

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## **New Corporation/LLC Worksheet**

1. Name of Company		INC or LLC
2. If INC, please indicate wheth	er you want to elect S-COF	RP or C-CORP
3. Physical Location		
4. City	State	Zip
5. County		
6. Phone Number		_
7. Email Address		
8. President/Manager		
9. Vice President/Managing Me	mber	
10. Secretary/Managing Memb	er	
11. Treasurer/Managing Memb	er	
12. Type of Business		
13. Principal Activity		
14. Number of Employees in th	e next 12 months	
15. Expected date of first payro	ll wages (month/year)	
16. Shareholder's Name% of own		% of ownership
17. Shareholder's Address		
18. Shareholder's SSN		
19. Shareholder's Name		% of ownership
20. Shareholder's Address		
21. Shareholder's SSN		

If additional shareholders, please provide it on a separate sheet.

Handling Your Tax Needs from Start to Finish