

"S" CORPORATION CHECKLIST

In order to prepare the organizational documents and minute book for a new Michigan business corporation, please furnish the following information:

What type of Corporation: "S" Corp.

Resident Agent:

1. **Name:** _____
Address: _____
City/State/Zip: _____
Telephone No.: _____
Fax No.: _____
Social Security No.: _____
Date of Birth: _____
Driver's License No.: _____

2. **Name of Corporation:** (must contain "Corporation", "Company", Incorporated", "Limited", "Corp.", "Co.", "Inc.", or "Ltd.")
1st Choice: _____
(Alternative choices might be necessary if the first choice is unavailable.)
2nd Choice: _____
3rd Choice: _____

3. **Assumed names:** ___ Yes ___ No
If yes, specify: _____

4. **Address of Business:** _____

5. **County Where Business is Located:** _____

6. **How many Employees?** _____

7. **Principal activity of Business:** _____

8. **Do you sell any retail/wholesale products? If yes, what products do you sell?** _____

9. **Single Member?** _____
Multiple Members? _____

10. **Number of Shares (if other than 50,000):** _____

11. **Do you estimate your annual Michigan gross receipts to be over \$250,000?** Yes _____ No _____

12. **Which taxes do you expect to owe?**

Sales Tax?	Yes _____	No _____
Use Tax?	Yes _____	No _____
Income Tax Withholding?	Yes _____	No _____
Single Business Tax?	Yes _____	No _____
UA Unemployment Tax?	Yes _____	No _____

13. **Officers:**

President (mandatory): _____
Secretary (mandatory): _____
Treasurer (mandatory): _____
Vice-President (if desired): _____

14. **Additional Officers:**

Name: _____
Address: _____
Telephone No: _____
Date of Birth: _____
Social Security No: _____
Drivers License: _____

Name: _____
Address: _____
Telephone No: _____
Date of Birth: _____
Social Security No: _____
Drivers License: _____