

**CLIENT QUESTIONNAIRE FOR ESTABLISHING
A NEW HAMPSHIRE LIMITED LIABILITY COMPANY (LLC)**

The following set of questions is designed to help us structure a limited liability company to best fit the goals of your new business venture and to identify areas that may need further consideration before the new venture begins doing business. This questionnaire is merely meant to provide a framework for formation of the limited liability company with the expectation that changes may be made during the formation process as issues arise and are resolved. Please feel free to attach an additional sheet of paper as needed.

1. NAME OF LLC (must include "LLC", "L.L.C." or "Limited Liability Company"):

1st Choice: _____ 2nd Choice: _____

2. LLC BUSINESS INFORMATION:

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____

3. NATURE OF BUSINESS / PURPOSE (short description):

4. FEDERAL TAX STATUS (Disregarded Entity or Partnership are Default) _____

5. NUMBER OF EMPLOYEES EXPECTED WITHIN THE NEXT 12 MONTHS: _____

6. DATE EXPECTED FOR FIRST WAGES: _____

7. NAME AND NH ADDRESS OF REGISTERED AGENT:

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

8. WILL THE LLC OPERATE UNDER ANY TRADE NAMES? Y N

IF YES, PLEASE LIST: _____

9. DOES THE LLC USE ANY TRADEMARK OR SERVICE MARK? Y N

IF YES, PLEASE LIST: _____

10. SPECIAL PROVISIONS FOR THE OPERATING AGREEMENT (additional fees may apply)?

11. NAME OF ACCOUNTANT: _____

12. MEMBER (i.e., Owners) INFORMATION:

**Do not provide full social security number for any Members/Owners. If it must be provided, please call us at 603-669-1000 to speak to your attorney or their legal assistant.*

Name/Address/Email	Last 4 digits of SSN or full EIN No. *	Membership Interest % and Considerations
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____	Last 4 Digits of SSN: _____ Full EIN No.: _____ - _____	Membership Interest: _____ % Also a Manager? Y N Other Considerations:
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____	Last 4 Digits of SSN: _____ Full EIN No.: _____ - _____	Membership Interest: _____ % Also a Manager? Y N Other Considerations:
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____	Last 4 Digits of SSN: _____ Full EIN No.: _____ - _____	Membership Interest: _____ % Also a Manager? Y N Other Considerations:
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____	Last 4 Digits of SSN: _____ Full EIN No.: _____ - _____	Membership Interest: _____ % Also a Manager? Y N Other Considerations:

(Voting, tax allocations and distributions are assumed to all be made in accordance with membership interest percentages - please note any exceptions below)

13. MANAGED BY MANAGERS? Y N

IF YES, PLEASE LIST (only if different from Members)

**Do not provide full social security number for any Members/Owners. If it must be provided, please call us at 603-669-1000 to speak to your attorney or their legal assistant.*

Name/Address/Email	Last 4 digits of SSN or full EIN No.
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____	Last 4 Digits of SSN: _____ OR Full EIN No.: _____ - _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____	Last 4 Digits of SSN: _____ OR Full EIN No.: _____ - _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____	Last 4 Digits of SSN: _____ OR Full EIN No.: _____ - _____
Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____	Last 4 Digits of SSN: _____ OR Full EIN No.: _____ - _____

14. PLEASE USE THIS SPACE TO PROVIDE ANY OTHER INFORMATION YOU FEEL WOULD BE HELPFUL FOR US TO KNOW.