

Incorporation Worksheet

Company Name _____

Nature of Business _____ Company EIN _____

Company Address _____

County _____ Date of Incorporation _____

Business Phone _____ E-mail _____

Fax Number _____ Payroll Yes No

Shareholder 1: Record Book Yes No

Name: _____ SSN: _____

Title: _____ DOB: _____

Address: _____ D.L. #: _____

Shareholder 2:

Name: _____ SSN: _____

Title: _____ DOB: _____

Address: _____ D.L. #: _____

Shareholder 3:

Name: _____ SSN: _____

Title: _____ DOB: _____

Address: _____ D.L. #: _____

Shareholder 4:

Name: _____ SSN: _____

Title: _____ DOB: _____

Address: _____ D. L. #: _____