

R. Zebulon Law, Esq.

A Professional Corporation

PARTNERSHIP FORMATION CHECKLIST

Proposed Names of Partnership:

1. _____
2. _____
3. _____

If the business will be operating under a different name than the partnership, what will be the fictitious name: _____

State and County in which business will operate: _____

Address and principal place of business: _____

Telephone: _____ Fax: _____ Cell: _____

E-Mail: _____

Principal business activity: _____

Agent for Service of Process: _____

(Name Address and Telephone Numbers)

Number of Partners: _____ Fiscal year (12/31)? _____

Date business started/is to start: _____

Name, address and phone number of CPA: _____

PARTNER INFORMATION

1. Name: _____ General Limited
Address: _____
SSN: _____ D/L No. _____
Telephone Nos. : _____

2. Name: _____ General Limited
Address: _____
SSN: _____ D/L No. _____
Telephone Nos. : _____

3. Name: _____ General Limited
Address: _____
SSN: _____ D/L No. _____
Telephone Nos. : _____

4. Name: _____ General Limited
Address: _____
SSN: _____ D/L No. _____
Telephone Nos. : _____

5. Name: _____ General Limited
Address: _____
SSN: _____ D/L No. _____
Telephone Nos. : _____