



ATTORNEYS & COUNSELORS

**CORPORATION FORMATION CHECKLIST**

**CLIENT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Fax: \_\_\_\_\_

SS#: \_\_\_\_\_

**CORPORATION INFORMATION**

Name you would like for your Company: \_\_\_\_\_

\*Please note that we will verify name availability with the State of Michigan. If internet domain name availability is important to your business, we would suggest that you independently verify such availability.

Alternate (in case that name is not available): \_\_\_\_\_

Type of business to be conducted by your Company: \_\_\_\_\_

Date business will begin: \_\_\_\_\_ Closing month of accounting year: \_\_\_\_\_

Will the Company have employees? \_\_\_\_\_

If employees will be paid wages or salaries, when will payment begin? \_\_\_\_\_

Who will be the Registered Agent? \_\_\_\_\_

Address to be used for the Registered Office: \_\_\_\_\_

\_\_\_\_\_

Actual business address  
(if different than Registered Office): \_\_\_\_\_

\_\_\_\_\_

Which member will be:

President: \_\_\_\_\_ Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Correspondence, invoices, and general information regarding your Company should be sent to the following:

Member: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

### **STOCKHOLDER INFORMATION**

Please provide the following information for each stockholder of the corporation:

(1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Fax: \_\_\_\_\_

SS#: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Initial \$ Contribution: \_\_\_\_\_ Percentage Owned: \_\_\_\_\_

(2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Fax: \_\_\_\_\_

SS#: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Initial \$ Contribution: \_\_\_\_\_ Percentage Owned: \_\_\_\_\_

(3) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Fax: \_\_\_\_\_

SS#: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Initial \$ Contribution: \_\_\_\_\_ Percentage Owned: \_\_\_\_\_