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CORPORATE INTAKE FORM

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PLEASE INCLUDE ADDRESSES OF ALL OFFICERS AND BOARD MEMBERS

NAME (1 st Choice)	
NAME (2 nd Choice)	
PRESIDENT (Include Social Security Number)	
SECRETARY	
TREASURER	
BOARD OF DIRECTORS	1. 2. 3.
STOCKHOLDERS (Names and Ownership Percentages)	1. 2. 3.
ANTICIPATED NUMBER OF EMPLOYEES	
DATE BUSINESS STARTED	
FIRST DATE WAGES/ANNUITIES TO BE PAID	
TAX YEAR END	
DESCRIPTION OF BUSINESS	
STOCKHOLDER RESTRICTION AGREEMENT	() YES () NO
SUBCHAPTER SELECTION	() YES () NO

The information presented herein is general information only and should not be considered legal advice nor should you rely solely upon this information in taking any actions regarding your matter. While no attorney-client relationship is formed by supplying this information, please do not hesitate to contact us at (702) 798-4955 to schedule a time to discuss your particular circumstances.