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### LIMITED LIABILITY COMPANY INTAKE FORM

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NAME (1 <sup>st</sup> Choice)	
NAME (2 <sup>nd</sup> Choice)	
BOARD OF MANAGERS (Please include names and addresses of all managers)	1. 2. 3.
TAX MATTERS MANAGER (Please include Social Security Number)	
MEMBERS (Please include names and ownership percentages)	1. 2. 3.
ANTICIPATED NO. OF EMPLOYEES	
FIRST DATE WAGES/ANNUITIES WERE/WILL BE PAID	
TAX YEAR END	
DESCRIPTION OF BUSINESS	
TAXATION	( ) SOLE PROPRIETORSHIP ( ) PARTNERSHIP
DATE OPEN FOR BUSINESS	

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