

**Business Formation Intake Form**

<b>CONFIDENTIAL INTAKE INFORMATION</b>	Interview Date _____	Initial Consultation Fee _____
	Conflict Check _____	Conflict Check Date _____
	Rate Quoted _____	Estimate Quoted _____
	Down Payment Quoted _____	Down Payment Paid _____
	Retainer Signed _____	Date Retained _____
	Strategy Session _____	Entered MyCase _____
	Follow up sent _____	Non-engagement sent _____
	90 Day Credit Date _____	DCR _____

Please complete this questionnaire as completely and accurately as you can. All information that you provide will be held in strict confidence. Please use additional sheets, if necessary.

Today's Date: \_\_\_\_\_

**I. About You:**

Your Full Legal Name: \_\_\_\_\_

Other names used in past: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

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

I authorize emails concerning my case.

I authorize emails of general interest from the Law Office of Tonya N. Gibbs, PLC

May we contact you concerning your case via:  Phone  Text Message

Preferred Method(s) of Contact: \_\_\_\_\_

Languages Speak Fluently  English  Spanish  Other \_\_\_\_\_ Primary Language \_\_\_\_\_

Employer: \_\_\_\_\_

Monthly Income Amount: \_\_\_\_\_ Other Source of Income: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN# \_\_\_\_\_

Driver's License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Marital status (circle one): married divorced separated engaged single US Citizen? \_\_\_ yes \_\_\_ no

If married, do you live with your spouse? \_\_\_ yes \_\_\_ no

Do you have a prenuptial, postnuptial, or cohabitation agreement? \_\_\_ yes \_\_\_ no

If you have children, are you subject to a court order for support? \_\_\_ Yes \_\_\_ No

Are Payments Current? \_\_\_ Yes \_\_\_ No

Have you been in business for yourself or with a partner or before? \_\_\_ Yes \_\_\_ No

Are you currently in business for yourself or with a partner? \_\_\_ Yes \_\_\_ No

If you answered "Yes" to either of the last two questions, please write below the details of the business: including (a) the form of entity, (b) whether or not the business is currently in operation or was officially dissolved, (c) whether or not you had an attorney, (d) how many years the business has been in operation, (e) the type of business (ie., sales, products, services etc.):

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## **II. About the Business You Would Like to Form:**

**A.** What type of business do you desire to form?

- Sole Proprietorship     General Partnership     Limited Liability Partnership  
 Limited Partnership     Limited Liability Company     Corporation  
 I don't know

**B.** The state in which you desire to form the business: \_\_\_\_\_

List any other states in which you want the business to be qualified to do business: \_\_\_\_\_

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### **C. Financing Your Business**

What will you contribute to the business in the way of startup capital or property?

1. Capital (cash or other liquid assets): \_\_\_\_\_

2. Real property (land or buildings): \_\_\_\_\_

3. Personal property (include furniture, equipment, automobiles, and other tangible property):

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Are you interested in attracting investors? \_\_\_\_\_

### **D. Ownership Interest(s) & Roles**

What will your relationship be to the business? \_\_\_\_\_

What active role (if any) will you play in the business (what are your duties): \_\_\_\_\_

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List the names of all people other than you whom you expect will have an ownership interest in the business. For each person listed, include (1) that person's expected contribution and (2) his or her role (how will he or she participate in the business): \_\_\_\_\_

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Full legal name(s), address(es), social security number(s) of the owner(s) of the business and their amount of shares, units or percentage of ownership:

- 1.
- 2.
- 3.

Full legal name(s) of all officers you wish to elect, if applicable, with their appropriate title next to their name (i.e., President, Vice President, Secretary, Treasurer, etc.):

- 1.
- 2.
- 3.
- 4.

**E. Name(s) for Business & Activities:**

What name do you plan to use to conduct your business? \_\_\_\_\_

1. Do you plan to use a different name to form your business? \_\_\_ Yes \_\_\_ No

2. If so, what is the name you want to use to form your business? \_\_\_\_\_

3. If your 1st choice is not available, please select an alternative: \_\_\_\_\_

Desired effective date of formation of business: \_\_\_\_\_

Brief description of business activities (i.e., goods/ services sold, profession etc.): \_\_\_\_\_

Will your business operate for profit? \_\_\_ Yes \_\_\_ No

Will you be selling products/services to the end-user? \_\_\_ Yes \_\_\_ No

1. If not, who will your products/services be sold to? \_\_\_\_\_

Have you consulted with any government agencies, business organizations, or incubators to develop a business plan for your proposed business? If so, please list the organizations or government agencies with which you have worked: \_\_\_\_\_

Do you have a business plan? \_\_\_ Yes \_\_\_ No

*If you have a business plan, please bring it with you to your initial consultation or strategy session*

**F. Location:**

1. Will you have a home office for your business? \_\_\_ Yes \_\_\_ No

If so, will you meet with clients or customers in that office? \_\_\_ Yes \_\_\_ No

2. Will your business be web-based? \_\_\_ Yes \_\_\_ No

3. Will you have a storefront or other commercial location for your business? \_\_\_ Yes \_\_\_ No

If so, have you researched a location to determine availability and cost? \_\_\_ Yes \_\_\_ No

4. Do you know about the zoning requirements for your chosen location? \_\_\_ Yes \_\_\_ No

5. Are you aware of the tax implications for your location: \_\_\_ Yes \_\_\_ No

6. What is the Business address (including zip code)? \_\_\_\_\_

7. If web-based, where will the business operations take place? \_\_\_\_\_

8. Do you plan to do business outside of Virginia involving a physical presence in the other jurisdiction (in other words, will you travel to perform any work outside of Virginia)? \_\_\_ Yes \_\_\_ No

9. Do you plan to conduct business (take orders or provide services) via telephone? \_\_\_ Yes \_\_\_ No

**III. Risk exposure/tolerance:**

A. Have you researched your proposed business to determine the types of risks that may be involved?  
\_\_\_ Yes \_\_\_ No

B. Are you comfortable with having your personal assets exposed to potential claims from customers, suppliers, or others with whom you will be doing business? \_\_\_ Yes \_\_\_ No

C. Are you aware of the following types of business insurance?

- Key person insurance \_\_\_ Yes \_\_\_ No
- Flood insurance \_\_\_ Yes \_\_\_ No
- Business interruption insurance \_\_\_ Yes \_\_\_ No
- Malpractice insurance \_\_\_ Yes \_\_\_ No

- Errors and omissions insurance \_\_\_ Yes \_\_\_ No
- Cyber insurance \_\_\_ Yes \_\_\_ No

**D.** Have you researched the costs of business owner (liability and casualty) insurance for your particular business? \_\_\_ Yes \_\_\_ No

**IV. Other Considerations:**

- A.** Do you desire flexibility in the operation of your business? \_\_\_ Yes \_\_\_ No
- B.** Do you want your business to continue, even if you are no longer able to be involved? \_\_\_ Yes \_\_\_ No
- C.** Do you plan to take a regular salary from the business? \_\_\_ Yes \_\_\_ No
- D.** Do you plan to hire other employees for your business, either now or in the future? \_\_\_ Yes \_\_\_ No
- E.** Do you plan to hire independent contractors for your business? \_\_\_ Yes \_\_\_ No
- F.** Do you expect to have any employees within the next 12 months? If so, how many, and what date do you expect to first pay them wages: \_\_\_\_\_
- G.** Do you desire to expand your business and eventually, issue stock in your company to the public? \_\_\_ Yes \_\_\_ No
- H.** How do you plan to manage the business: (1) Will you share management responsibilities with anyone? (2) Do you plan to delegate any significant responsibilities to anyone who will not have an ownership interest in your business? (3) Have you developed a management scheme? If yes, please describe below:

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- I.** Do you have any experience with business accounting? \_\_\_ Yes \_\_\_ No
- J.** Do you plan to work with an accountant to set up your business accounts? \_\_\_ Yes \_\_\_ No
- K.** Do you have a tax advisor or do you plan to work with one? \_\_\_ Yes \_\_\_ No
- L.** What are your tax objectives (some general tax information may be discussed, but you need to consult a tax professional to ensure your tax objectives are met):

I want to be taxed like:

- Sole Proprietorship
- Partnership
- Corporation
- I don't know

Please explain any other tax objectives here: \_\_\_\_\_

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**M.** Do you know how you want profits and losses distributed? If yes, please describe here:

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**N.** If there is a disagreement among the owners of the business, would you consent to mediation or arbitration as a first step or a binding determination to resolve the dispute as an alternative to traditional litigation? \_\_\_ Yes \_\_\_ No

**O.** If one of the owners wants to sell his or her interest in the business, should the other owners have the opportunity to purchase that interest before it is offered to others? \_\_\_ Yes \_\_\_ No

**P.** Do you understand the importance of keeping your personal assets separate from your business assets if you form a corporation or limited liability company/partnership? \_\_\_ Yes \_\_\_ No

**Q.** Have you discussed the types of policies and procedures you would want to include in your operating documents (such as decision making, authority, management, dissolution, buying or selling business, confidentiality etc....)? \_\_\_\_ Yes \_\_\_\_ No

**R.** What branding or other intellectual property considerations are important to you?

\_\_\_\_\_

\_\_\_\_\_

**S.** Will you require ongoing legal services? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**T.** Once up and running are you concerned about:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> remaining in compliance with the law                   | <input type="checkbox"/> having properly drafted contracts     | <input type="checkbox"/> cybersecurity |
| <input type="checkbox"/> having contracts with 3 <sup>rd</sup> parties reviewed | <input type="checkbox"/> enforcement of internal operations    |  |
| <input type="checkbox"/> ability to ask legal questions as issues arise         | <input type="checkbox"/> employment contracts                  |  |
| <input type="checkbox"/> opening a bank account                                 | <input type="checkbox"/> establishing credit for your business |  |
| <input type="checkbox"/> marketing & available business resources               | <input type="checkbox"/> Other _____                           |  |

**U.** Any other concerns or factors you feel are pertinent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. Please Classify Your Urgency in Pursuing this Matter:** (check one)

- Critical** – Personal safety or continuation of business depends on it; I have to be in court tomorrow.
- Very Important** – Severe hardship, personal, or financial inconvenience, if not resolved quickly.
- Important** – Matter interferes with business or personal financial stability.
- Needs to be done, but no immediate hardship or rush.
- Just thought I'd see if it was worth pursuing, but not ready to hire an attorney at this time.
- Just thought I'd see if it was worth pursuing and I am ready to hire an attorney.
- Just wanted some information, I will get back to you if I decide to pursue this.

**PLEASE ACKNOWLEDGE EACH OF THE FOLLOWING IMPORTANT STATEMENTS & SIGN BELOW:**

- I have completed this form as fully and accurately as possible and have not knowingly provided any false statements.
- I understand that to make the most out of my session, I must return this form at least 48 hours before my appointment.
- I understand that my initial consultation or strategy session fee is due prior, to the start of the office session; if my session is conducted by phone, the fee must be received within 48 hours of my appointment or the appointment will automatically be cancelled.
- I understand that this form is for informational and assessment purposes only, is not a contract for legal services and does not constitute an agreement to represent me. Representation, if so desired, shall be provided upon the execution of a formal written client agreement and payment of a deposit or fee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date