



Business Planning Worksheet for Corporations and Limited Liability Companies

USING THE INFORMATION ON THIS PAGE, PLEASE EMAIL OR FAX THIS WORKSHEET TO US PRIOR TO YOUR INITIAL APPOINTMENT OR BRING THIS COMPLETED WORKSHEET TO YOUR INITIAL APPOINTMENT



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Section 1: Owner Information

Owner 1 Information

First Name: _____ Last Name: _____

Birth Date: _____ SS#: _____

US Citizen: Yes No

Home Address: _____

City, State, Zip: _____

Phone Number: _____

Owner 2 Information (if applicable)

First Name: _____ Last Name: _____

Birth Date: _____ SS#: _____

US Citizen: Yes No

Home Address: _____

City, State, Zip: _____

Phone Number: _____

Owner 3 Information (if applicable)

First Name: _____ Last Name: _____

Birth Date: _____ SS#: _____

US Citizen: Yes No

Home Address: _____

City, State, Zip: _____

Phone Number: _____

Owner 4 Information (if applicable) (print additional if needed)

First Name: _____ Last Name: _____

Birth Date: _____ SS#: _____

US Citizen: Yes No

Home Address: _____

City, State, Zip: _____

Phone Number: _____

Section 2: Business Information

Name of the Company: _____

(Must include at the end: Limited Liability Company, L.L.C., Ltd. Liability Co., Limited Liability Co., Ltd. Liability Company, Corporation, Inc., or Incorporated depending on entity you select)

Business Phone Number: _____

Business Email: _____

Yes! Keep me up to date via email with changes in law that may affect my business

What is the purpose of your business?

How quickly do you want to form this Company?

As soon as possible

Future Date: _____

Section 3: Formation of Limited Liability Company
(skip to Section 4 if forming a Corporation)

Who is signing the Articles of Organization?

Name: _____

Business Address: _____

Role:

- Member (a “Member” is an owner of the LLC)
- Organizer (an “Organizer” is the individual responsible for signing the formation filing)
- Both

Name: _____

Business Address: _____

Role:

- Member
- Organizer
- Both

Name: _____

Business Address: _____

Role:

- Member
- Organizer
- Both

Who are your Company Officials? (optional)

Name: _____

Business Address: _____

Title: _____

Name: _____

Business Address: _____

Title: _____

Name: _____

Business Address: _____

Title: _____

Section 4: Formation of Corporation
(skip to Section 5 if forming a LLC)

How many shares will your Corporation Issue? _____ (“share” is ownership interest in corporation)

How will you classify shares?

- All of one class designated as “common stock”; or
- Divided into different class available per state law

Who are your officers? (optional)

Name: _____
Business Address: _____
Title: _____

Name: _____
Business Address: _____
Title: _____

Name: _____
Business Address: _____
Title: _____

Name: _____
Business Address: _____
Title: _____

Section 5: Registered Agent

Who is your Initial Registered Agent?

*(If forming in North Carolina: must be North Carolina resident or domestic company **with a physical address (no PO Box)** in North Carolina; If forming in South Carolina: must be South Carolina resident or domestic company **with a physical address (no PO Box)** in South Carolina;)*

Name: _____

Street Address: _____

City, State, Zip: _____

Mailing Address (if different): _____

City, State, Zip: _____

County: _____

Section 6: Principal Office for Your Business

Do you have a principal office in North Carolina?

Yes

No

Do you have a principal office in South Carolina?

Yes

No

If yes:

Street Address: _____

City, State, Zip: _____

County: _____

Section 7: Start-Up Capital

How are you funding your business? (if you don't know yet, it's okay!)

Name	Contribution

How do you plan to allocate income and losses?

Name	Allocation (Fraction or Percentage)

How do you want to admit new members (LLC) or handle business succession for shareholders (corporation) in the event of death or incapacity?
