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NEW BUSINESS CHECKLIST

Entity Type: _____ Corporation ___ S-Corp ___ C-Corp _____ # Shareholders

_____ LLC _____ # Members _____ Partnership _____ # Partners

_____ Sole Proprietor

Entity Name: (Please Provide Top 3 Name Choices)

1. _____

2. _____

3. _____

Business Address: _____

Name	Address	Ownership %	SSN

Principal Business Type _____

Will you collect Sales Tax? (Y/N) _____

Will you have Payroll? (Y/N) _____

If you would like for Lynn Paslowski to review your new business checklist, please email this completed document to Lmpcpafirm@aol.com