

WLF Lawyers

655 N. Central Avenue, 17th Floor
Glendale, CA 91203

Contact@WFLLawyers.com

Tel: 323-863-5104 Fax: 323-863-5104

Fictitious Business Name Questionnaire

This questionnaire is provided for planning purposes in the interest of recording information in preparation of retaining legal services. No attorney-client privilege is created by virtue of this document being furnished, filled out, or submitted. While every effort will be made to keep information on this document confidential no duty to do so is created or expected.

1. Fictitious Business Name: _____

2. Address of Principal Place of Business: _____

3. Mailing Address (if different from above): _____

4. Articles of Incorporation or Organization Number (if applicable): _____

5. Full Name of Registered Owner, Corporation, or LLC:

6. Full Name of OPTIONAL Second Registered Owner, Corporation, or LLC :

7. Are you conducting business as:

An Individual____ General Partnership____ Limited Partnership____

Limited Liability Company____ Corporation____ Other____

*If you are not sure which of the above to check, please contact us.

8. On what date did you begin transacting business with this fictitious business name:

*Please note that you are only allowed to do business under a certain name for 30 days prior to registration.

9. Will you be signing the documents?: _____
If yes, what is your title?: _____
If yes, what is your social security number?: _____
10. Closing Month of Business's Accounting Year: _____
11. Do you expect to pay less than \$4,000 in total wages in one calendar year?: _____
12. First date wages were paid: _____
13. Would you like us to file for a Tax Identification Number or EIN?: _____
14. Maximum number of employees expected in next 12 months: _____

Please return this form to WLF Lawyers using the contact information provided above.

Separate documents will be provided regarding your relationship with and retention of WLF Lawyers as your attorneys.