

**CORPORATION**

**INTAKE FORM**

Name/Address of State Corporations Department:

Indiana Secretary of State Business Services Division

302 W. Washington Street, Room E-018

Indianapolis, IN 46204

Information Line: 317.232.6576

Online: <http://www.sos.in.gov/business/>

Office Hours: 7:30 am to 5:00 pm Monday through Friday except state holidays

Client Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: (home) \_\_\_\_\_

(work) \_\_\_\_\_

(cell) \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Referred by: \_\_\_\_\_

Type of Corporation:

Domestic Corporation \_\_\_\_\_

Medical Corporation \_\_\_\_\_

Close Corporation \_\_\_\_\_

Professional Corporation \_\_\_\_\_

Not-for-Profit Corporation \_\_\_\_\_ (cannot be created online)

Purpose for which the Corporation will be organized: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred entity names: 1.) \_\_\_\_\_

2.) \_\_\_\_\_

State intend to incorporate in: \_\_\_\_\_

Principal Activity of your business:

Construction \_\_\_\_\_ Real Estate \_\_\_\_\_ Rental & Leasing \_\_\_\_\_

Manufacturing \_\_\_\_\_ Transportation & Warehousing \_\_\_\_\_

Finance & Insurance \_\_\_\_\_ Health Care & Social Assistance \_\_\_\_\_

Accommodation & Food Service \_\_\_\_\_ Wholesale - Agent/Broker \_\_\_\_\_

Wholesale - Other \_\_\_\_\_ Retail \_\_\_\_\_ Other (specify) \_\_\_\_\_

Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Calendar/Fiscal Year (Circle one and choose a date): \_\_\_\_\_

Date of Annual Meeting: \_\_\_\_\_  
Location: \_\_\_\_\_

**Promoters:** Persons acting on behalf of the Corporation not yet formed.

Name: \_\_\_\_\_

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

Phone: home \_\_\_\_\_  
work \_\_\_\_\_  
cell \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: home \_\_\_\_\_  
work \_\_\_\_\_  
cell \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Subscribers:** Persons/entities who make written offers to buy stock from the Corporation not yet formed.

Name: \_\_\_\_\_

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

Phone: home \_\_\_\_\_  
work \_\_\_\_\_  
cell \_\_\_\_\_

Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: home \_\_\_\_\_  
work \_\_\_\_\_  
cell \_\_\_\_\_

Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Incorporators: Person/entity that signs and files the Articles of Incorporation with the Secretary of State.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: home \_\_\_\_\_  
work \_\_\_\_\_  
cell \_\_\_\_\_

Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
SSN: \_\_\_\_\_

S Corporation Election: (Y/N) \_\_\_\_\_ or C Corporation (Y/N) \_\_\_\_\_

Term of Existence: Perpetual or No. of Years and Termination Date (circle one)

\_\_\_\_\_

Registered Agent/Office: Business or individual designated to receive service of process (SOP) when a business entity is a party in a legal action. Must have a street address. Cannot be a post office box alone.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: home \_\_\_\_\_  
work \_\_\_\_\_

Fax: cell \_\_\_\_\_  
\_\_\_\_\_  
E-Mail: \_\_\_\_\_  
\_\_\_\_\_

Principal Office Location of Corporation:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: home \_\_\_\_\_  
work \_\_\_\_\_  
cell \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
\_\_\_\_\_

Board of Directors: Name(s) and Address(es) and SSN of persons serving as directors until the first annual meeting of shareholders or until their successors are are elected and qualify.

Number of Directors constituting the initial board of directors of the corporation: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: home \_\_\_\_\_  
work \_\_\_\_\_  
cell \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
SSN: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: home \_\_\_\_\_  
work \_\_\_\_\_  
cell \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
SSN: \_\_\_\_\_

Officers of the Corporation: Name(s) and Address(es)

Term of Office: \_\_\_\_\_

**President:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: home \_\_\_\_\_  
work \_\_\_\_\_  
cell \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Vice President:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: home \_\_\_\_\_  
work \_\_\_\_\_  
cell \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Secretary:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: home \_\_\_\_\_  
work \_\_\_\_\_  
cell \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Treasurer:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: home \_\_\_\_\_  
work \_\_\_\_\_  
cell \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Shareholders: Name(s) and Address(es) and SSN

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: home \_\_\_\_\_  
work \_\_\_\_\_  
cell \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
SSN: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: home \_\_\_\_\_  
work \_\_\_\_\_  
cell \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
SSN: \_\_\_\_\_

Authorized Shares, Issued Shares and Monetary Consideration Received:

Class: All corporations filed **online** will have only one class of stock, which will be named "Common Stock".

Common \_\_\_\_\_ Preferred \_\_\_\_\_ (cannot file online with this choice)

Number of Shares Authorized: \_\_\_\_\_  
Number of Shares Proposed to be Issued: \_\_\_\_\_  
Monetary Consideration for Shares: \_\_\_\_\_

Estimated value of the property to be owned by the corporation for the following year wherever located will be: \$ \_\_\_\_\_

Estimated gross amount of business that will be transacted by the corporation during the following year will be: \$ \_\_\_\_\_

Other provisions to be included in the Articles of Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.) \_\_\_\_\_

---

---

---

---

Accountant/Bookeeper:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: home \_\_\_\_\_  
work \_\_\_\_\_  
cell \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Financial Institution:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: home \_\_\_\_\_  
work \_\_\_\_\_  
cell \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

By-Laws: The official rules and regulations which govern a corporation's management.

Adoption Procedure: \_\_\_\_\_

---

---

Approval by Shareholders: (Y/N) \_\_\_\_\_ Vote Required to Ratify: \_\_\_\_\_

Special Voting Requirements: Actions requiring a higher vote than required by statute (Amendments, etc.)

Directors vote: \_\_\_\_\_

Stockholders vote: \_\_\_\_\_

Amendments:

Method of Amending: \_\_\_\_\_

Approval by Directors/Shareholders: \_\_\_\_\_

Quorum and vote required to ratify: \_\_\_\_\_

Corporate Operations:

Will the corporation hire employees?	Y/N
Engage in Joint Ventures	Y/N
Acquire other businesses	Y/N
Aid customers financially and operationally	Y/N
Lend funds	Y/N
Lease or lend property	Y/N
Forgive debts	Y/N
Grant licenses, franchises and rights in corporate assets	Y/N
Manufacture and sell products	Y/N
Engage in service operations	Y/N

Property and Investments:

Will the corporation buy, sell and exchange property	Y/N
Real, personal, intangible	Y/N
Patents, trademarks, inventions	Y/N
Licenses, franchises	Y/N
Build and construct offices, warehouses, plants	Y/N
Mortgage, pledge and release property	Y/N
Lease property, both real and personal	Y/N

Financial Affairs:

Will the corporation borrow money	Y/N
Secured/Unsecured	Y/N
Pledge/Mortgage corporate assets	Y/N
Issue bonds, debentures, commercial paper	Y/N
Accept property in payment of debts	Y/N
Make contributions and loans	Y/N
Charitable purposes	Y/N
To employees	Y/N
Customers	Y/N

Indemnification of Directors/Officers

What particular actions indemnified? Civil/Criminal	Y/N
Provide insurance to Directors/Officers	Y/N



Buy-Sell Agreement: Y/N

Issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corporate Assets:

Personal Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Real Estate Owned/Leased: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corporate Debt:

Lender: \_\_\_\_\_  
Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Guarantors: \_\_\_\_\_  
Collateral: \_\_\_\_\_

Lender: \_\_\_\_\_  
Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Guarantors: \_\_\_\_\_  
Collateral: \_\_\_\_\_

Lender: \_\_\_\_\_  
Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Guarantors: \_\_\_\_\_  
Collateral: \_\_\_\_\_

FEIN #: Federal Employee Identification Number:

Do you want our firm to obtain the FEIN# for the entity on your behalf? (Y/N) \_\_\_\_\_  
We can apply online.

If yes, you will need to sign a form SS-4 and allow us to be a Third Party Designee.

Do you expect your employment tax liability to be \$1000 or less in a full calendar year?  
Y/N \_\_\_\_\_

**\*\*\*If you expect to pay \$4000 or less in total wages in a full calendar year, you can mark "Yes".\*\*\***