New Incorporation Form

Please complete sections A through L of this form. Your application may not be processed if any section(s) are incomplete. Please review the form to ensure that all information is factual and complete.

A. Type of Processing*

(Please)	Please select one)								
	Normal Processing (3-5 weeks)								
	Expedited Processing (3-5 days, additional charges apply)								

B. Type of Legal Entity*

(Please select one)

Profit Corporation (INC)
Limited Liability Company (LLC)

C. Name of Company*

(Please provide 3 choices of names for your company. The names will be reserved in the order of choices provided by you. We will contact you if all choices are unavailable)

First Choice	
Second Choice	
Third Choice	

D. State of Incorporation*

Enter the 2 letter state code (e.g. GA, CA, etc.)

E. Nature of business*

(Please provide a brief description of the nature of your business - software development, contracting, motel etc.)

F. Registered Agent – Krishnan Company

(The primary role of the registered agent is to serve as a liaison between the state authorities and your company. All legal communication is sent to this person. Thus, the agent must maintain an address in the same state as the state of incorporation. PO Box addresses will not be accepted. The agent need not be a stockholder or director.)

Check here to have Krishnan Company serve as your registered agent (additional charges apply)

OR Registered Agent - Stockholder/Member* First Name Middle Name Last Name Street Address City State Zip Code County Daytime Phone Fax Number Fax Number Email Address

G. Principal Business Address

(This is the actual business address which may be different from the registered agent address, required for retail businesses)

Slieel Address				
City	State	Zip Code	County	
Daytime Phone		Fax Number		

746 HOLCOMB BRIDGE ROAD, NORCROSS, GA 30071

Tel. 770. 368. 1030 Fax. 770. 368. 1060 www.krishnanco.com

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Krishnan Company - CERTIFIED PUBLIC ACCOUNTANT -

H. Stockholders/Members*

(Please provide the names and number of shares below. For INC, please provide titles such as President, CEO, and Secretary)

Total Number of Stockholders/Members: _____

Stockholder/Member #1

	Check	Check here if this person is on the Board of Directors									
First				Middle Name					Last Na	ame	
Title (for INC)									SSN		
Street Address											
City				S	State			Zip Code			
Daytime Phone							Fax	Number			
Email Address											
Number of Shares/Units*							Р	ercentage of	Shares/U	nits	

Stockholder/Member #2

	Check here if this person is on the Board of Directors											
First				Middle Name					Last Na	ame		
Title (for INC)									SSN			
Street Address												
City					State			Zip Code				
Daytime Phone							Fax	Number				
Email Address												
Number of Shares/Units*							F	Percentage of	Shares/U	Inits		

Stockholder/Member #3

	Check here if this person is on the Board of Directors									
First				Middle Name				Last Name	9	
Title (for INC)								SSN		
Street Address										
City				State		Zip				
Daytime Phone						Fax	Number			
Email Address										
Number of Shares/Units*						Ρ	ercentage of	Shares/Units	5	

Stockholder/Member #4

	Check here	Check here if this person is on the Board of Directors										
First			Middle Name		Last Nam		ne					
Street Ad	ldress											
City	City		State			Zip Code		SSN				
Daytime Phone			Fax Number			Number						
Email Address												
Number of Shares/Units*						ercentage of S	Shares/Uni	ts				

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Tel. 770. 368. 1030 Fax. 770.368.1060 WWW.KRISHNANCO.COM

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Krishnan Company

- CERTIFIED PUBLIC ACCOUNTANT -

Stockholder/Member #5

	Check here if	Check here if this person is on the Board of Directors										
First			Middle Name			Last Name						
Street Ad	ldress											
City			State		Zip Code	S	SN					
Daytime I	Phone			F	ax Number							
Email Ad	dress											
Number of Shares/Units*			Percentage of S	Shares/Units								

*Shares are for stockholders in an INC; Units are for members in a LLC

(If you have more than 5 stockholders please use a separate page to list the additional stockholders and their information)

Total Number of Shares: _____

Total Percentage of Shares: _____ (must equal 100%)

I. Reason for Incorporating

(Please select one)

	Starting a new business
	Purchasing an active business (Please provide existing business EIN):
	Other (Please specify):

J. Alcohol/Tobacco/Firearms

(Please check if applicable)

K. Type of Tax Entity*

(Please select one. If you are unsure which entity to choose, please contact us at 770.368.1030 x 113)

For L	LC	For INC				
	Single Member		S Corporation			
	Partnership		C Corporation			
	S Corporation					
	C Corporation					

L. Other Services Offered

(Following are services offered by us, once you have incorporated. Please select all that you are interested in)

	Payroll	Corporate Taxes
ſ	Sales Tax	Personal Taxes
	Bookkeeping/Financial Statements	QB Consulting

M. How did you hear about us?

(Please check the choices that apply)				
	Khabar Magazine			
	Hindu Temple of Atlanta (Bhagvadwani)			
	ARA Newsletter			
	Other (Please specify):			

Please complete the information and fax your application to us at **770.368.1060**, or email it to **coordinator@krishnanco.com**. If paying by personal check, make it payable to "Krishnan Company P.C., CPA" and mail check with this form to **Krishnan Company P.C., CPA**, **Attn: Patty H. Krishnan, P.O. Box 1651, Duluth, GA 30096**. If you would like further information, please visit our website, http://www.krishnanco.com

Date: 2/26/15 10:54:45 AM

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