

SINGLE MEMBER LLC WORKSHEET

If you are a Partnership, an S Corp or a C Corp, I will refer you to a colleague

Employer ID Number (EIN) _____

LLC Name _____

Doing Business As Name _____

LLC Address _____ Unit # _____

Secondary street address _____

City _____ State _____ Zip Code _____

Main Phone _____ Fax Number _____

Email Address _____ URL _____

Secretary of State File No. _____ Date business started _____

Did you pay the \$800 LAST year? Yes No (This is the tax year we are doing)

Did you pay the \$800 for THIS current calendar year? Yes No

What is your Principal Business Activity?

What is your Product or Service? _____

What type of entity is the ultimate owner of the SMLLC? Check only ONE box:

- (1) INDIVIDUAL
- (2) C CORPORATION
- (3) PASS-THROUGH; S CORPORATION, PARTNERSHIP
- (4) ESTATE / TRUST
- (5) EXEMPT ORGANIZATION

LLC Owner's Consent Statement:

I consent to the jurisdiction of the State of California to tax my LLC income and agree to file returns and pay tax as may be required by the Franchise Tax Board.

Signature _____ Date _____ Title _____