

## *Organizational Information*

Corporate Name			WSAT Client Number
Street Address			Business Phone
City	State	Zip	Fax Number
County	Township	Email Address (or Website)	
Legal Name of Contact Person			Title

Business Purpose of the Corporation \_\_\_\_\_

Registered Agent	Registered Address		
State of Incorporation	Date of Incorporation	Fiscal Year End	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Number of Employees	Anticipated payroll date if no current employees	Retail Sales?	

<b>Corporate Officers</b>	<b>% Owner</b>
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<b>President</b>	<b>Social Security Number</b>
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Home Address	Phone Number
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<b>Vice President</b>	<b>Social Security Number</b>
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Home Address	Phone Number
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<b>Secretary</b>	<b>Social Security Number</b>
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Home Address	Phone Number
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<b>Treasurer</b>	<b>Social Security Number</b>
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Home Address	Phone Number
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<b>Type of Stock</b>	<b>Par Value</b>	<b>Number of Shares Authorized</b>	<b>Total Number of Shares Issued</b>
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### *Check List and Incorporation Services Required*

<b>To Do</b>		<b>Date Complete</b>
_____	New Client Setup	_____
_____ BCA.210	Articles of Incorporation	_____
_____ SS-4	Application of Employer Identification Number	_____
_____ 2553	Election by a Small Business Corporation	_____
_____ REG-1	Illinois Business Registration	_____
_____ UI-1	Illinois Report to Determine Liability	_____
_____	Corporate Seal and Certificates	_____
_____	Corporate Record Book	_____
_____	Preparation of Corporate By-Laws and Annual Minutes	_____
_____	Other _____	_____