



Foley, Foley & Pearson

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Foley, Foley & Pearson Use Only:

Date: \_\_\_\_\_

File No.: \_\_\_\_\_

Attorney: \_\_\_\_\_

Conflict Check: \_\_\_\_\_

## BUSINESS PLANNING PERSONAL INFORMATION FORM

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### CLIENT NO. 1

\_\_\_\_\_  
Full First, Middle and Last Name

\_\_\_\_\_  
Maiden Name if Applicable

\_\_\_\_\_  
PRINT how your name appears when you typically sign legal documents

\_\_\_\_\_  
Nickname

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Physical Address, City, State, Zip Code

\_\_\_\_\_  
Mailing Address, City, State, Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

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

**Please check preferred method of contact:**    Home    Cell    Work    E-mail

### EMPLOYMENT INFORMATION:

\_\_\_\_\_  
Employer:

\_\_\_\_\_  
Position/Job Title:

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

\_\_\_\_\_  
Have you ever worked as a Federal, State, or Municipal Employee?    No    Yes

\_\_\_\_\_  
Do you have military benefits?    No    Yes

### CITIZENSHIP:

U.S. Citizen

Other Citizenship: \_\_\_\_\_

\_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ (provide copy)

**CLIENT NO. 2**

\_\_\_\_\_  
Full First, Middle and Last Name

\_\_\_\_\_  
Maiden Name if Applicable

\_\_\_\_\_  
PRINT how your name appears when you typically sign legal documents

\_\_\_\_\_  
Nickname

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Physical Address, City, State, Zip Code

\_\_\_\_\_  
Mailing Address, City, State, Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

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

**Please check preferred method of contact:**    Home    Cell    Work    E-mail

**EMPLOYMENT INFORMATION:**

\_\_\_\_\_  
Employer:

\_\_\_\_\_  
Position/Job Title:

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

\_\_\_\_\_  
Have you ever worked as a Federal, State, or Municipal Employee?    No    Yes

\_\_\_\_\_  
Do you have military benefits?    No    Yes

**CITIZENSHIP:**

U.S. Citizen

Other Citizenship: \_\_\_\_\_

\_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ (provide copy)

**CLIENT NO. 3**

\_\_\_\_\_  
Full First, Middle and Last Name

\_\_\_\_\_  
Maiden Name if Applicable

\_\_\_\_\_  
PRINT how your name appears when you typically sign legal documents

\_\_\_\_\_  
Nickname

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Physical Address, City, State, Zip Code

\_\_\_\_\_  
Mailing Address, City, State, Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

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

**Please check preferred method of contact:**    Home    Cell    Work    E-mail

**EMPLOYMENT INFORMATION:**

Employer: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_

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

Have you ever worked as a Federal, State, or Municipal Employee?    No    Yes \_\_\_\_\_

Do you have military benefits?    No    Yes

**CITIZENSHIP:**

U.S. Citizen

Other Citizenship: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ (provide copy)

**CLIENT NO. 4**

\_\_\_\_\_  
Full First, Middle and Last Name

\_\_\_\_\_  
Maiden Name if Applicable

\_\_\_\_\_  
PRINT how your name appears when you typically sign legal documents

\_\_\_\_\_  
Nickname

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Physical Address, City, State, Zip Code

\_\_\_\_\_  
Mailing Address, City, State, Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

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

**Please check preferred method of contact:**    Home    Cell    Work    E-mail

**EMPLOYMENT INFORMATION:**

Employer: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_

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

Have you ever worked as a Federal, State, or Municipal Employee?    No    Yes \_\_\_\_\_

Do you have military benefits?    No    Yes

**CITIZENSHIP:**

U.S. Citizen

Other Citizenship: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ (provide copy)

**OTHER PROFESSIONAL ADVISORS:**

CPA/Accountant:

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Financial Advisor:

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Corporate Attorney:

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Other:

Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Please indicate who referred you or how you learned of our services: \_\_\_\_\_

\_\_\_\_\_

**BUSINESS INFORMATION**

If your business entity already exists, please provide the following information along with copies of relevant corporate or LLC documentation. If you aren't sure of an answer, leave it blank.

If Foley, Foley & Pearson will be creating a new business entity for you, this portion of the form will be filled out by you and the attorney at your appointment.

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

Type of Entity (Corporation or LLC): \_\_\_\_\_

Taxed As:  Disregarded Entity  Partnership  C-Corp  Subchapter S

Company Tax ID or EIN: \_\_\_\_\_

State of Organization: \_\_\_\_\_

Purpose of Company: \_\_\_\_\_

\_\_\_\_\_

Registered Agent: (Must live in Alaska) \_\_\_\_\_

Registered Office Address:  
(Must be physical location in AK) \_\_\_\_\_

\_\_\_\_\_

Physical Address of Company:  
(May be the same as registered office) \_\_\_\_\_

Mailing Address of Company: \_\_\_\_\_

\_\_\_\_\_

E-mail Address of Company: \_\_\_\_\_

Name and contact information of all Members (LLCs) or Shareholders (Corps) not otherwise listed as a client:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Directors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Officers:  
(A corporation must have a President, Secretary and Treasurer. The President and Secretary may not be the same person. LLCs may have officers or not.)

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Annual Meeting Required:  Yes  No Date of Annual Meeting: \_\_\_\_\_

If company is an LLC, management by:  Members  Managers

Estimated Number of Employees: \_\_\_\_\_

Company Banking At: \_\_\_\_\_

Describe Voting Limitations or Restrictions for Shareholders, Members or Managers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Buy/Sell Agreement Restrictions Among Shareholders or Members:

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Special Business Concerns or Issues: \_\_\_\_\_

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