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New Corporation Checklist

Date: _____ Office: _____ Client #: _____

Business Name: _____

Address: _____

Phone number: _____ Email: _____

EIN: _____ Fiscal Year End: _____

Entity Classification:

1120

LLC

Other:

1120-S

990 Non Profit

1120-H

1065 Partnership

Owner Name: _____ Owner % _____

Owner SSN: _____ Owner Phone: _____

Owner Name: _____ Owner % _____

Owner SSN: _____ Owner Phone: _____

Owner Name: _____ Owner % _____

Owner SSN: _____ Owner Phone: _____

Alternate Email: _____

Bookkeepers Name: _____

Bookkeepers Phone: _____ Bookkeepers Email: _____

Software: _____

State(s) filing: _____

Please provide your IRS letter(s) and formation documents.

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437 Dotts Street, Pennsburg, PA 18073
65 Madison Ave, Suite 570, Morristown, NJ 07960

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