



Foley & Pearson

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Anchorage, AK 99503
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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

Daytime Phone Cell Home Work Alternate Phone Cell Home Work

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: (Please 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

Daytime Phone Cell Home Work

Alternate Phone Cell Home Work

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: _____ (Please 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

Daytime Phone Cell Home Work

Alternate Phone Cell Home Work

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: _____ (Please 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

Daytime Phone Cell Home Work

Alternate Phone Cell Home Work

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: _____ (Please 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 & 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:

Special Business Concerns or Issues: _____
