

KRISHNAN COMPANY

CERTIFIED PUBLIC ACCOUNTANT

New Incorporation Form

Please complete sections A through L of this form. Your application may not be processed if any section(s) are incomplete. Please review the form to ensure that all information is factual and complete.

A. Type of Processing*

(Please select one)

☐	Normal Processing (3-5 weeks)
☐	Expedited Processing (3-5 days, additional charges apply)

B. Type of Legal Entity*

(Please select one)

☐	Profit Corporation (INC)
☐	Limited Liability Company (LLC)

C. Name of Company*

(Please provide 3 choices of names for your company. The names will be reserved in the order of choices provided by you. We will contact you if all choices are unavailable)

First Choice	
Second Choice	
Third Choice	

D. State of Incorporation*

Enter the 2 letter state code (e.g. GA, CA, etc.)	
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E. Nature of business*

(Please provide a brief description of the nature of your business - software development, contracting, motel etc.)

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F. Registered Agent – Krishnan Company

(The primary role of the registered agent is to serve as a liaison between the state authorities and your company. All legal communication is sent to this person. Thus, the agent must maintain an address in the same state as the state of incorporation. PO Box addresses will not be accepted. The agent need not be a stockholder or director.)

☐	Check here to have Krishnan Company serve as your registered agent (additional charges apply)
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OR

Registered Agent – Stockholder/Member*

First Name		Middle Name		Last Name	
Street Address					
City		State		Zip Code	
Daytime Phone		Fax Number			
Email Address					

G. Principal Business Address

(This is the actual business address which may be different from the registered agent address, required for retail businesses)

Street Address					
City		State		Zip Code	
Daytime Phone		Fax Number			

746 HOLCOMB BRIDGE ROAD, NORCROSS, GA 30071

TEL. 770 . 368 . 1030

FAX. 770 . 368 . 1060

WWW.KRISHNANCO.COM

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This incorporation service by Krishnan Company does not constitute legal advice on matters of business incorporation. For specific queries on incorporations please consult our CPA or a qualified professional.

KRISHNAN COMPANY

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H. Stockholders/Members*

(Please provide the names and number of shares below. For INC, please provide titles such as President, CEO, and Secretary)

Total Number of Stockholders/Members: _____

Stockholder/Member #1

☐	Check here if this person is on the Board of Directors				
First		Middle Name		Last Name	
Title (for INC)				SSN	
Street Address					
City		State		Zip Code	
Daytime Phone			Fax Number		
Email Address					
Number of Shares/Units*			Percentage of Shares/Units		

Stockholder/Member #2

☐	Check here if this person is on the Board of Directors				
First		Middle Name		Last Name	
Title (for INC)				SSN	
Street Address					
City		State		Zip Code	
Daytime Phone			Fax Number		
Email Address					
Number of Shares/Units*			Percentage of Shares/Units		

Stockholder/Member #3

☐	Check here if this person is on the Board of Directors				
First		Middle Name		Last Name	
Title (for INC)				SSN	
Street Address					
City		State		Zip Code	
Daytime Phone			Fax Number		
Email Address					
Number of Shares/Units*			Percentage of Shares/Units		

Stockholder/Member #4

☐	Check here if this person is on the Board of Directors				
First		Middle Name		Last Name	
Street Address					
City		State		Zip Code	SSN
Daytime Phone			Fax Number		
Email Address					
Number of Shares/Units*			Percentage of Shares/Units		

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Stockholder/Member #5

☐	Check here if this person is on the Board of Directors				
First		Middle Name		Last Name	
Street Address					
City		State		Zip Code	
Daytime Phone		Fax Number			
Email Address					
Number of Shares/Units*		Percentage of Shares/Units			

*Shares are for stockholders in an INC; Units are for members in a LLC

(If you have more than 5 stockholders please use a separate page to list the additional stockholders and their information)

Total Number of Shares: _____

Total Percentage of Shares: _____ (must equal 100%)

I. Reason for Incorporating

(Please select one)

☐	Starting a new business
☐	Purchasing an active business (Please provide existing business EIN): _____
☐	Other (Please specify): _____

J. Alcohol/Tobacco/Firearms

(Please check if applicable)

☐	Does your business sell alcohol, tobacco, or firearms?
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K. Type of Tax Entity*

(Please select one. If you are unsure which entity to choose, please contact us at 770.368.1030 x 113)

For LLC	For INC
☐ Single Member	☐ S Corporation
☐ Partnership	☐ C Corporation
☐ S Corporation	
☐ C Corporation	

L. Other Services Offered

(Following are services offered by us, once you have incorporated. Please select all that you are interested in)

☐ Payroll	☐ Corporate Taxes
☐ Sales Tax	☐ Personal Taxes
☐ Bookkeeping/Financial Statements	☐ QB Consulting

M. How did you hear about us?

(Please check the choices that apply)

☐	Khabar Magazine
☐	Hindu Temple of Atlanta (Bhagavadwani)
☐	ARA Newsletter
☐	Other (Please specify): _____

Please complete the information and fax your application to us at **770.368.1060**, or email it to **coordinator@krishnanco.com**. If paying by personal check, make it payable to "Krishnan Company P.C., CPA" and mail check with this form to **Krishnan Company P.C, CPA, Attn: Patty H. Krishnan, P.O. Box 1651, Duluth, GA 30096**. If you would like further information, please visit our website, <http://www.krishnanco.com>

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