

SMT & ASSOCIATES, INC.

CERTIFIED PUBLIC ACCOUNTANTS
& BUSINESS CONSULTANTS

CHOICE OF ENTITY QUESTIONNAIRE

Entity Name (or proposed name)	
Contact Information	Contact Name: _____ Phone: _____ Email: _____
New or existing business?	___ New business ___ Incorporating existing business
Brief description of what the new business will do	_____ _____ _____
Number of partners?	_____
Will all partners be active in operating the company?	___ Yes ___ No (please provide details if any partners will be equity-only partners)

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Choice of Entity Questionnaire (continued)

<p>How will ownership among partners be setup?</p>	<p><input type="checkbox"/> Evenly among the partners</p> <p><input type="checkbox"/> Other (please describe) _____</p> <p>_____</p> <p>_____</p>
<p>How will profits and losses be distributed among the partners for tax purposes?</p>	<p><input type="checkbox"/> We don't want partners' individual income tax returns impacted by income or loss of the entity.</p> <p><input type="checkbox"/> We will split evenly among the partners</p> <p><input type="checkbox"/> Other (please describe) _____</p> <p>_____</p> <p>_____</p>
<p>Expected profits or (losses)</p>	<p>Year 1: _____</p> <p>Year 2: _____</p> <p>Year 3: _____</p> <p>Year 4: _____</p> <p>Year 5: _____</p>

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Choice of Entity Questionnaire (continued)

<p>Describe any fringe benefits that you wish to provide for your partners and employees</p>	<p><input type="checkbox"/> Health insurance</p> <p><input type="checkbox"/> Medical reimbursement plan</p> <p><input type="checkbox"/> Retirement savings plan</p> <p><input type="checkbox"/> Other (provide details) _____</p> <p>_____</p> <p>_____</p>
<p>What, if any, assets will be contributed to the new entity by any of the partners? Check all that apply.</p>	<p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Equipment</p> <p><input type="checkbox"/> Any assets that may appreciate</p>