

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

**MARTINEZ INCOME TAX & ACCOUNTING**  
541 NORTH MACLAY AVE STE 103, SAN FERNANDO, CA 91340  
TEL 818-361-1668 FAX 818-361-1200

**CORPORATE QUESTIONNAIRE**

Corporation Name		Alternative Name
Corporate Address		Mailing Address
Contact Name		Telephone

**BOARD OF DIRECTORS**

Number \_\_\_\_\_ (recommended 1 – 5)

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

5) \_\_\_\_\_

**OFFICERS**

President	Vice President
Secretary	Treasurer

**BANK, OFFICER AND SHARES/STOCK INFO**

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Officers authorized to transact with bank & bind company contracts (place an X on all that apply)

President  Vice President  Secretary  Treasurer

**TAX YEAR**

_____ Calendar (ending 12/31)	_____ Fiscal (ending _____ / _____)
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**STOCKHOLDERS INFORMATION**

Number of Shares / Stock available for distribution: Common Stock \_\_\_\_\_ (usually 10,000)

Name	# of Stock	Social Security #

**SUBCHAPTER "S" CORPORATION** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

Ensure that all the information is correct. Elite Business Consultants Inc. Dbm Martinez Income Tax & Accounting and its' affiliates are not responsible for any errors or misspellings. Total Fees: \$1,000.00 - Deposit required of \$500 of which \$300 is non-refundable. **EXPEDITED SERVICES** are available (48 to 72 hour) for an additional \$500 (NON-REFUNDABLE & MUST BE PAID WITH CERTIFIED FUND ONLY).

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

