



## LLC ENTITY REGISTRATION

### INTAKE FORM

Name of LLC:

**Primary Member      Tax Id Number/SS#**

First Name:

Last Name:

Phone:

Email Address:

#### **Additional Members**

First Name:

Last Name:

Phone:

Email Address

First Name:

Last Name:

Phone:

Email Address

#### **LLC Online Portal Log In**

Email (Username):

Create Password:

Phone:

Cell Phone:

LLC Company Address:

City:

State:

Zip Code:

#### **Owner Information**

Name:

Email Address:

Address:

City:

State:

Zip Code: