

# LYNN M. PASLOWSKI, CPA

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## NEW BUSINESS CHECKLIST

Entity Type: \_\_\_\_\_ Corporation \_\_\_ S-Corp \_\_\_ C-Corp \_\_\_\_\_ # Shareholders

\_\_\_\_\_ LLC \_\_\_\_\_ # Members \_\_\_\_\_ Partnership \_\_\_\_\_ # Partners

\_\_\_\_\_ Sole Proprietor

Entity Name: (Please Provide Top 3 Name Choices)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Business Address: \_\_\_\_\_

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Name	Address	Ownership %	SSN

Principal Business Type \_\_\_\_\_

Will you collect Sales Tax? (Y/N) \_\_\_\_\_

Will you have Payroll? (Y/N) \_\_\_\_\_

If you would like for Lynn Paslowski to review your new business checklist, please email this completed document to [Lmpcpafirm@aol.com](mailto:Lmpcpafirm@aol.com)