

**Love & Associates, Inc.**

3666 Kearny Villa Rd. Suite 300  
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**LLC INTAKE SHEET**

Please provide all information requested below for proper completion of documents.

**Client Information**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Bus. Address \_\_\_\_\_ Time of appt. \_\_\_\_\_  
(PO BOX not allowed by the IRS)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

**Name of LLC** 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Manager** \_\_\_\_\_ **Manager** \_\_\_\_\_  
SS # \_\_\_\_\_ SS # \_\_\_\_\_  
Membership Interest \_\_\_\_\_ % Membership Interest \_\_\_\_\_ %  
Member: Y \_\_\_\_\_ N \_\_\_\_\_ Member: Y \_\_\_\_\_ N \_\_\_\_\_

**Manager** \_\_\_\_\_ **Manager** \_\_\_\_\_  
SS # \_\_\_\_\_ SS # \_\_\_\_\_  
Membership Interest \_\_\_\_\_ % Membership Interest \_\_\_\_\_ %  
Member: Y \_\_\_\_\_ N \_\_\_\_\_ Member: Y \_\_\_\_\_ N \_\_\_\_\_

**Mailing Address (if different from above):** \_\_\_\_\_  
\_\_\_\_\_

**Type of Business** \_\_\_\_\_ **No. of Employees** \_\_\_\_\_  
**Do you have Payroll Service?** Y \_\_\_ N \_\_\_ **Are you interested?** Y \_\_\_\_\_ N \_\_\_\_\_

**Client Payment Method:** [ ] Visa [ ] Master Card [ ] American Express [ ]  
Check: \_\_\_\_\_  
Name on Card \_\_\_\_\_ No. \_\_\_\_\_  
MasterCard/Visa CVV No: \_\_\_\_\_ (3 digit credit card number printed on reverse side of card)  
Exp. \_\_\_\_\_ **IMPORTANT:** Street Number \_\_\_\_\_ and Zip Code \_\_\_\_\_  
of cardholder's mailing address if different from Billing information above.

Notes: NEW ENTITY [ ] CLEAN UP [ ] Taxed as Scorp [ ]  
REGULAR FILING [ ] EXPEDITE [ ]; Additional fees are required

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