

# ETHERIEDGE & ASSOCIATES, PC

327 Dahlonega Street, Suite 1001

Cumming, GA 30040

770-205-6152

Fax 770-205-2156

[www.etheriedge.com](http://www.etheriedge.com)

## ANNUAL CHECK-UP QUESTIONNAIRE (LLC)

Please complete questionnaire and return to our office via mail or facsimile.

Date: \_\_\_\_\_ FAX: \_\_\_\_\_

Company name: \_\_\_\_\_

State of Org.: \_\_\_\_\_ Year of Org.: \_\_\_\_\_

Is the Company Member-managed or Manager-managed? \_\_\_\_\_

Which IRS Tax Form do you file (Sched. C, 1065, 1120, 1120S)?: \_\_\_\_\_

EIN: \_\_\_\_\_ Year of last tax return filed: \_\_\_\_\_

Primary Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: Main: \_\_\_\_\_ Cell : \_\_\_\_\_

Email Address: \_\_\_\_\_

Principal Address: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Bank Affiliation: \_\_\_\_\_

CPA name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Agent name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other key advisor(s): \_\_\_\_\_

Has the Company filed the current year annual registration with the Secretary of State?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Names, membership interests & addresses of members/interest holders:

Name:	Number/% of Membership Interests Held:	Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have there been any changes in the ownership or interests in the Company? If so, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any loans made between the Company and any interest holder, manager or officer? If so, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is an operating or other purchase agreement requiring a periodic evaluation of the Company, provide the current aggregate value, the value per unit or percentage interest, and the effective date of such evaluation:

Current Aggregate Value:	Value per Unit/%:	Effective Date:
_____	_____	_____

Names & address(es) of manager(s) to be elected for the coming year:

Name:	Address:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Any manager(s) whose terms are not expiring? If yes, provide names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names & addresses of any officers to be elected for the coming year:

Name/Title:

Address:

---

---

---

---

---

---

---

---

---

---

---

Provide annual salaries for each manager and officer for the coming year:

Name/Title:

Annual salary:

---

---

---

---

---

---

---

---

---

---

Any bonuses paid during the past fiscal year? If so, provide name, title and amount:

Name/Title:

Amount:

_____	_____
_____	_____
_____	_____
_____	_____

If the Company adopted insurance or other employee benefit programs for which no minutes have been executed, provide details:

Type of Benefit:

Effective Date:

_____	_____
_____	_____

If the Company entered into any real property purchases or leases, or significant equipment purchases or leases, for which no minutes were executed, provide details and copies of relevant purchase or lease documents.

If the Company entered into any significant agreements or transactions for which no minutes were executed, provide details and copies of any such agreements or transaction documents.

Have there been any major changes in the Company's purposes or policies? If so, provide details:

Are there any desired amendments to the Company's operating agreement or articles of organization?

If there are any other items you think are of significance and should be incorporated in the minutes, provide details:

Other comments or concerns: