



Astron Business and Tax Services, LLC

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INFORMATION SHEET NEW BUSINESS

Contact Person: _____

Title: _____

Business Entity: Proprietorship Corporations (Profit) Non Profit
 Partnership Sub "S" _____
 LLC Sub "C" _____

Principal Activity: _____

Business Name: _____ _____ _____	Cleared?	<input type="checkbox"/>	YES	NO	<input type="checkbox"/>
	Cleared?	<input type="checkbox"/>	YES	NO	<input type="checkbox"/>
	Cleared?	<input type="checkbox"/>	YES	NO	<input type="checkbox"/>
	Cleared?	<input type="checkbox"/>	YES	NO	<input type="checkbox"/>

State: _____
(if more than one _____
place of operations) _____

County: _____
County: _____
County: _____

Physical Address of Business: _____

Mailing Address of Business: _____

Duration (Life Span): Perpetuity _____

Special Operating Procedures: _____
(optional) _____

Member Name: _____
Social Sec. # _____
Address _____
Address _____
Conatct # _____
D.O.B _____

Member Name: _____
Social Sec. # _____
Address _____
Address _____
Conatct # _____
D.O.B _____

Member Name: _____
Social Sec. # _____
Address _____
Address _____
Conatct # _____
D.O.B _____

Member Name: _____
Social Sec. # _____
Address _____
Address _____
Conatct # _____
D.O.B _____

Has any member been convicted of a felony?

YES

NO

Have you ever applied for an EIN?

YES

NO

If yes give #: _____

Expected date of completion: _____

Closing Accounting month: _____
(only if not December)

Comments / Instructions:

