



7602 Pacific Street, Suite 200
Omaha, Nebraska 68114
phone (402) 391-2400
fax (402) 391-0343

Professional Corporation Worksheet

Please complete all of the following information, which we will use in forming your new professional corporation. Please type or print clearly:

1. **Name of the professional corporation to be formed:**

First Choice: _____

Second Choice: _____

[Must include the word PC]

2. **What business will the professional corporation be engaged in?**

3. **What is the street address and county of the professional corporation's place of business?**

[street]

[town]

[county]

[state]

4. **How many shares of stock will the professional corporation be authorized to issue? _____**

What will be the par value of the shares? \$_____ per share.

[We normally recommend 10,000 shares of \$1.00 par value stock. More than \$10,000 of authorized capital (meaning number of authorized shares multiplied by the par value per share) increases your cost of incorporation and the amount of your annual corporation occupation tax]

5. **Who will be the directors of the professional corporation? (All directors must be licensed in Nebraska to practice in the profession for which the professional corporation was organized.)**

FULL NAME & LICENSE #

RESIDENCE Street Address, City, State, Zip

FULL NAME & LICENSE #

RESIDENCE Street Address, City, State, Zip

FULL NAME & LICENSE #

RESIDENCE Street Address, City, State, Zip

FULL NAME & LICENSE #

RESIDENCE Street Address, City, State, Zip

6. **List the shareholders of the professional corporation, the number of shares to be purchased by each, and the price per share that they are to pay for their stock.** (All shareholders must be licensed in Nebraska to practice in the profession for which the professional corporation was organized.)

<u>Shareholder</u>	<u>No. of Shares</u>	<u>Purchase Price</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list each shareholder's full name, license #, and address information.

_____	_____
FULL NAME & LICENSE #	RESIDENCE Street Address, City, State, Zip
_____	_____
FULL NAME & LICENSE #	RESIDENCE Street Address, City, State, Zip
_____	_____
FULL NAME & LICENSE #	RESIDENCE Street Address, City, State, Zip
_____	_____
FULL NAME & LICENSE #	RESIDENCE Street Address, City, State, Zip

7. **List the names of the officers of the professional corporation.**

(List the names of the officers of the professional corporation for which the professional corporation was organized.)

any. The other offices can remain vacant. Any two or more offices may be held by the same person]

Address information.

_____	FULL NAME & LICENSE #	RESIDENCE
Street Address, City, State, Zip _____	_____	
_____	FULL NAME & LICENSE #	
RESIDENCE Street Address, City, State, Zip _____	_____	
_____	FULL NAME & LICENSE #	
RESIDENCE Street Address, City, State, Zip _____	_____	
_____	FULL NAME & LICENSE #	
RESIDENCE Street Address, City, State, Zip _____	_____	

8. **What is the name and telephone number of the person we can call during business hours in case we have a question concerning the information on this form?**

 (Name) (phone)

9. **What is the name and street address of the person who will be the professional corporation's registered agent?** (no post office boxes)

(Name)

(Address) (Town) (State) (Zip)

[The resident agent will receive official mail and, if the professional corporation becomes involved in a lawsuit, may be served with a summons or other legal process. It is therefore important that you name a responsible person with a permanent address. We can act as your registered agent, for an annual fee that is currently \$50.00. If you want us to act as your registered agent, fill in "**Corporation Consultants**" in response to question No. 8 above.]

10. **To whom shall we mail the confirmation that the professional corporation has been accepted by the Secretary of State and, when all the steps in the incorporation have been completed, the corporate records?**

(Name)

(Address) (Town) (State) (zip)

11. **Who referred you to our incorporation service?**

Accountant: _____

Newspaper: _____

Friend/word of mouth: _____

Phone book: _____

12. **Payment method:** Check ___ Visa ___ M/C ___ AMEX ___ Discover ___

Card # _____ Exp. Date _____ VIN _____

Name on Card _____ Signature _____

Cardholder Billing Address _____

When completed, mail or fax this form, together with your check in the amount of \$499.00 for a professional corporation (plus \$50 if we are acting as your resident office in Nebraska) made payable to:

WHITMORE LAW OFFICE
7602 Pacific Street, Suite 200
Omaha, Nebraska 68114

phone: (402) 391-2400
toll free: (800) 771-5056
fax: (402) 391-0343

Visit our web site: <http://www.whitmorelaw.com>