



Limited Partnership (LP) Formation Checklist

Questions on how to complete this form?
Call 1-800-600-1760 from 8am - 5pm PST
or email info@corporatedirect.com

Return completed forms to:
info@corporatedirect.com
or fax form to: 1-775-824-0105

Organization

ORGANIZATION - 1ST CHOICE FOR NAME OF ENTITY	DO YOU WANT TO BE TAXED AS A JOINT PARTNERSHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No
2ND CHOICE FOR NAME OF ENTITY	DO YOU WANT US TO APPLY TO THE IRS FOR THE TAX ID? <input type="checkbox"/> Yes <input type="checkbox"/> No
3RD CHOICE FOR NAME OF ENTITY	

IN WHICH STATE ARE WE FORMING YOUR ENTITY?	IN WHICH STATE(S) WILL YOU DO BUSINESS?*
IF YOUR ENTITY WILL OWN RENTAL PROPERTY, CONDUCT BUSINESS, OR PAY WAGES IN ANOTHER STATE, WE WILL NEED TO REGISTER THE ENTITY IN THE OTHER STATE AS WELL. IF THIS IS THE CASE, IN WHICH OTHER STATE OR STATES WILL WE NEED TO QUALIFY YOUR ENTITY?	_____ _____ _____

NATURE OF BUSINESS ACTIVITY? (BASIC ONE-LINE SUMMARY. A TYPICAL STATEMENT FOR ASSET HOLDING IS "TO HOLD & MANAGE INVESTMENTS.")

DESIGNATED PARTNERSHIP REPRESENTATIVE (MR., MRS., OR MS.)

Limited Partners & General Partners

IS YOUR GENERAL PARTNER (GP) A CORPORATE ENTITY OR AN INDIVIDUAL? <input type="checkbox"/> Corporate Entity <input type="checkbox"/> Individual	GENERAL PARTNER ADDRESS	
NAME OF THE GENERAL PARTNER (GP)	GP'S INTEREST PERCENTAGE	SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER (EIN)**
IF THE GENERAL PARTNER IS A CORPORATE ENTITY, LIST ITS PRESIDENT OR MANAGER	ADDRESS	

PLEASE LIST ALL YOUR PARTNERS. IF SPACE IS INSUFFICIENT, PLEASE ATTACH A LIST. MORE ROOM IS AVAILABLE ON THE SECOND PAGE. PARTNERS MAY HAVE EQUAL INTERESTS OR DIFFERING INTERESTS, DEPENDING ON THE AMOUNT EACH PERSON IS INTENDING TO CONTRIBUTE TOWARDS THE LP.

LIMITED PARTNER NAME (MR., MRS., OR MS.)**	ADDRESS	INTEREST PERCENTAGE
LIMITED PARTNER NAME (MR., MRS., OR MS.)**	ADDRESS	INTEREST PERCENTAGE

* IF THE STATE YOU ARE DOING BUSINESS IN IS DIFFERENT THAN THE STATE YOU ARE FORMING YOUR ENTITY IN, WE WILL PROVIDE YOU WITH A QUOTE FOR QUALIFYING (OR REGISTERING) THE COMPANY IN A SECOND STATE.

**IF NONE OF YOUR ENTITY'S PARTNERS ARE U.S. PERSONS, PLEASE PROVIDE A LEGIBLE PHOTOCOPY OF THEIR PASSPORT WITH A PHOTOGRAPH AND IDENTIFICATION PARTICULARS.



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Limited Partners & General Partners - Continued

*ATTACH LIST IF SPACE IS INSUFFICIENT

LIMITED PARTNER NAME (MR., MRS., OR MS.)**	ADDRESS	INTEREST PERCENTAGE
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WHEN IS YOUR LIMITED PARTNERSHIP'S FISCAL YEAR-END? (THIS IS REQUIRED TO OBTAIN A TAX ID NUMBER — IF NOT PROVIDED, THE IRS WILL DEFAULT TO DECEMBER 31)		MONTH & DAY

Contact Information & Services

HOW DID YOU HEAR ABOUT CORPORATE DIRECT?

DO YOU WANT CORPORATE DIRECT'S BULLETPROOF PROTECTION PLAN FOR AN ANNUAL FEE OF \$487 STARTING IN YOUR SECOND YEAR?

Yes

No

YOUR CONTACT DETAILS:

NAME (MR., MRS., OR MS.)

THIS IS **NOT** FOR THE PUBLIC.
THIS IS HOW WE CONTACT
YOU AND WHERE WE CAN
SEND YOUR DOCUMENTS.

ADDRESS

EMAIL

TELEPHONE (MAIN)

CELL

FAX