

Annual Business Maintenance Questionnaire – Fiscal Year _____
COMPANY NAME:

Contact Person: _____

Telephone: _____ E-mail Address: _____

In order to be sure that you are protected from liability, you must keep up with your required business maintenance. Kindly complete this questionnaire and return it to our office with copies of documents supporting the transaction or summary of information at least **one month prior** to your annual meeting appointment. These questions provide us with the information necessary to prepare the required resolutions within your corporate minutes. Resolutions formally approve of each transaction. This is important for audits, taxes, and defense for litigation.

Please check "Yes" or "No" for your answer. Enter any additional information or comments on each topic in the space provided. Please add additional pages if necessary.	Yes	No
Business & Trade Names		
<p>Do you wish to change your business name? If yes, what is the new name?</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Do you use a fictitious business name(s)/doing business as (DBA)? If yes, please state it/them here:</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If yes, is it registered in the counties where it is used?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Have you begun using any new DBAs, trademarks, or service marks? If yes, when did you begin using those names or marks?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>

Please check "Yes" or "No" for your answer. Enter any additional information or comments on each topic in the space provided. Please add additional pages if necessary.	Yes	No
Filings, Meetings, Address		
<p>Were all personal and business taxes filed on time this year?</p> <p>If no, please provide details (please note, any information you provide will be held in confidence):</p> <div style="background-color: #f0f0f0; border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Has the business elected to be taxed as an S-Corp since the last annual meeting?</p> <p>If yes, has the S-Corp Election, IRS Form 2553, been filed with the IRS?</p> <p>If yes, please state who filed the election (i.e. attorney, CPA, etc.):</p> <div style="background-color: #f0f0f0; border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>_____</p> <p>_____</p> </div>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If yes, please state who filed the election (i.e. attorney, CPA, etc.):</p> <div style="background-color: #f0f0f0; border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>_____</p> <p>_____</p> </div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<p>Have regular directors' or partners' meetings been held?</p> <p>If yes, have minutes of the meetings for important matters been maintained?</p> <p><i>If yes, please email the minutes to tamara@tamaraharper.com.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Has the address of the corporate office been changed?</p> <p>If yes, please state the new address:</p> <div style="background-color: #f0f0f0; border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>_____</p> <p>_____</p> </div> <p>What was the date the address became effective?</p> <div style="background-color: #f0f0f0; border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>_____</p> </div>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<p>Have all business licenses and other applicable annual fees been paid?</p> <p>This includes any fees to the Secretary of State, Professional Boards, State Board of Equalization (sales tax), and the Liquor Control Board, if applicable.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Please check "Yes" or "No" for your answer. Enter any additional information or comments on each topic in the space provided. Please add additional pages if necessary.	Yes	No
<p>Please list each state you do business in:</p> <div style="background-color: #f0f0f0; padding: 5px; border: 1px solid black;"> <p>_____</p> <p>_____</p> <p>_____</p> </div>		
<p>Are you registered as foreign corporation in each state?</p>	<input type="checkbox"/>	<input type="checkbox"/>
Officers/Directors		
<p>Please list the names of the officers, the office they hold, their respective addresses, salaries, compensation, and bonuses:</p> <div style="background-color: #f0f0f0; padding: 5px; border: 1px solid black;"> <p>President/CEO</p> <p>_____</p> <p>Secretary/CAO</p> <p>_____</p> <p>Treasurer/CFO</p> <p>_____</p> <p>Other</p> <p>_____</p> </div>		
<p>Please list the names of the directors, their respective addresses, and compensation, if any:</p> <div style="background-color: #f0f0f0; padding: 5px; border: 1px solid black;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>		
Equity Interests		

Please check "Yes" or "No" for your answer. Enter any additional information or comments on each topic in the space provided. Please add additional pages if necessary.	Yes	No
<p>Has the corporation issued or had returned to it any stock or membership interests?</p> <p>If yes, please describe:</p> <div style="background-color: #f0f0f0; border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="background-color: #f0f0f0; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: #f0f0f0; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: #f0f0f0; border: 1px solid black; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Are there shareholder, buy-sell, or other intra-owner agreements in place?</p> <p>If yes, when were these documents last reviewed?</p> <div style="background-color: #f0f0f0; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: #f0f0f0; border: 1px solid black; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Were there any employee benefit plan contributions made?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Does the company have key person insurance coverage?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Is there a 50%-50% ownership?</p> <p>If yes, is there a lockout agreement?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<p>Are there any added shareholders/members?</p> <p>If yes, did the company accept capital contributions?</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<p>What is your valuation method? (Value of company – How valued?)</p> <div style="background-color: #f0f0f0; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: #f0f0f0; border: 1px solid black; height: 20px;"></div>		
Significant Transactions		
<p>Has the company entered into any lease or purchase agreements for real property during the past year?</p> <p>If yes, please describe and provide copy of agreement(s) or closing statement:</p> <div style="background-color: #f0f0f0; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: #f0f0f0; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: #f0f0f0; border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: #f0f0f0; border: 1px solid black; height: 20px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>

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Please check "Yes" or "No" for your answer. Enter any additional information or comments on each topic in the space provided. Please add additional pages if necessary.	Yes	No
<p>Has the company entered into any significant contracts during the past year other than in the ordinary course of its business?</p> <p>If yes, please list date, amount, and brief description:</p> <div style="background-color: #f0f0f0; border: 1px solid black; padding: 5px;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Has the company received a loan or capital investment from the owner, partner(s), or shareholder(s) in the past year?</p> <p>Please provide date, amount, term, and rate of interest:</p> <div style="background-color: #f0f0f0; border: 1px solid black; padding: 5px;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Has the company guaranteed or given a loan to an owner, partner, shareholder, director, officer, or third party in the past year?</p> <p>If yes, please provide name, date, amount, term, and rate of interest:</p> <div style="background-color: #f0f0f0; border: 1px solid black; padding: 5px;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Any commercial loans/lines of credit made/opened?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Any major purchases of assets <u>other</u> than real property?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Any new bank accounts opened?</p> <p>If yes, please provide the bank name and branch:</p> <div style="background-color: #f0f0f0; border: 1px solid black; padding: 5px;"> <p>_____</p> <p>_____</p> </div>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Any trademark license agreements entered?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Do you have an updated royalty amount?</p>	<input type="checkbox"/>	<input type="checkbox"/>

Please check "Yes" or "No" for your answer. Enter any additional information or comments on each topic in the space provided. Please add additional pages if necessary.	Yes	No	
Were there any lawsuits that were settled and/or pending in this fiscal period?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any written agreements with affiliates that share licensing, leasing, office share, payments for royalties, employee share, etc.? If yes, please specify: <div style="background-color: #f0f0f0; padding: 5px; border: 1px solid #ccc; margin-top: 5px;"> <hr/><hr/><hr/><hr/><hr/> </div>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the company own any real property? Please describe any real property owned or if there has been a change in ownership or entity control: <div style="background-color: #f0f0f0; padding: 5px; border: 1px solid #ccc; margin-top: 5px;"> <hr/><hr/><hr/><hr/><hr/> </div>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the company in a triple-net lease?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you receive a PPP or EIDL loan? If yes, have you applied for loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Dividends	
Were any dividends paid in the last year? If yes, please provide date, amount, and to whom paid: <div style="background-color: #f0f0f0; padding: 5px; border: 1px solid #ccc; margin-top: 5px;"> <hr/><hr/><hr/><hr/><hr/> </div>	<input type="checkbox"/>	<input type="checkbox"/>	

Please check "Yes" or "No" for your answer. Enter any additional information or comments on each topic in the space provided. Please add additional pages if necessary.	Yes	No
<p>Do you anticipate dividends will be paid in the upcoming year?</p> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>
New Employment		
<p>Do you have any employees, contractors, individuals (that are not a corporation or LLC) that provide services for you, or your customers, in any other state besides California or outside the United States?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Do you have employees? If yes, how many?</p> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Do you have independent contractors?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Do you have an employee handbook? If yes, is it current?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	
Attorney Use Only		
<p>When was the last Statement of Information filed?</p> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Have all stock/membership interest certificates been issued? If yes, please describe:</p> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>

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Please check "Yes" or "No" for your answer. Enter any additional information or comments on each topic in the space provided. Please add additional pages if necessary.	Yes	No
Have all transfers of interests been documented on the company ledger? If no, please describe how and where this information is kept: <div style="background-color: #f0f0f0; border: 1px solid black; height: 40px; width: 100%;"></div> <div style="background-color: #f0f0f0; border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above selections reflect the activity of _____ ("Company")
to the best of my knowledge, for the _____ fiscal year.

X

Client Signature