

Candidates: Companies with no employees other than owner(s), or owner & spouse. Other companies should use the standard Questionnaire.
Instructions: Please complete the information requested below, and fax to 888.484.6870. See reverse side for explanation of questions.

Firm's Legal Name		Fiscal Year End (e.g., "6/30", "12/31" etc.)	
Firm's Contact Name		Title	Date Established
Address		City	State Zip
Phone	Fax	Email	
Q1. Type of Business <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC (corp.) <input type="checkbox"/> LLC (partnership) <input type="checkbox"/> LLC (sole prop.) <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Prop. <input type="checkbox"/> LLP (corp.) <input type="checkbox"/> LLP (partnership) <input type="checkbox"/> Non-Profit		Nature of Business Tax ID (EIN)	
Q 2. Was there a predecessor business in prior 24 months? <input type="checkbox"/> No <input type="checkbox"/> Yes		If "Yes," Predecessor Name	Fiscal Year End Date Established
Q 3. Does the company, its owners or spouse of owners – together or separately – own 80% or more of another company (or otherwise form a "Controlled Group" of related companies as defined by IRS)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q 4. Does the company provide management services on a regular and continuing basis for another company or group of related companies?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q 5. Does the company provide "Professional Services" (as defined by IRS, e.g., medical, legal, etc.) in conjunction with another company in which there is any common ownership (or otherwise form an "Affiliated Service Group" of related companies as defined by IRS)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q 6. Does the company use independent contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No		Q 8. Does the company use leased or shared employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Q 7. Has owner received income in current year as an employee of another business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Q 9. Does the company employ anyone other than the owner or spouse (including part-time employees or relatives)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Q 10 - Existing Plan: <input type="checkbox"/> None <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401(k) <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Cash Balance <input type="checkbox"/> Other:	Q 11 - Active Plans: Have any contributions been made for the <u>current</u> plan year (other than deferrals to a 401(k) plan)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Q 12: Has the owner ever sponsored a prior Defined Benefit or 401(k) Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Financial Advisor		Accountant	
Name		Name	
Firm		Firm	
Address		Address	
City/State/Zip		City/State/Zip	
Email		Email	
Phone	Fax	Phone	Fax

Plan Objectives

Contribution Objective: <input type="checkbox"/> Maximum <input type="checkbox"/> Specify:	Is contribution flexibility required annually?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Confidential Employee Census

➤ **Sole Proprietors** and **Partners** should use **net income earned** as "Annual Compensation". Owners of **corps** use total **W-2 wages** only.

	Employee Name	Ownership	Date of Birth	Date of Hire	Expected Total Compensation for CURRENT YEAR	Compensation for Prior Year (DB Plans Only)
Owner		%				
Spouse or 2 nd Owner		%				