

## BUSINESS INFORMATION REPORT

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Employer Contact \_\_\_\_\_ Date Business Started/Incorporated: \_\_\_\_\_

Employer E-mail: \_\_\_\_\_ State of Incorporation/Organization: \_\_\_\_\_

Type of Business Entity:     C-Corporation     S-Corporation     Partnership     Sole Proprietor  
 LLC, if LLC, please indicate how entity is taxed (sole member, partnership,S-Corp)  
 \_\_\_\_\_

Employer EIN: \_\_\_\_\_ Fiscal Year-End: \_\_\_\_\_ Business Code for Tax Return: \_\_\_\_\_

Payroll Provider: \_\_\_\_\_ Payroll Frequency: \_\_\_\_\_

CPA Name and Contact: \_\_\_\_\_

<u>OWNERS</u>	<u>OWNERSHIP %</u>	<u>TITLE</u>	<u>EMPLOYED FAMILY MEMBERS &amp; RELATIONSHIP TO OWNERS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check type of any other existing or terminated plans that your company operates or operated and the year the plan was terminated (if applicable):

<input type="checkbox"/>	Profit Sharing	<input type="checkbox"/>	Money Purchase
<input type="checkbox"/>	401(k)	<input type="checkbox"/>	Target Benefit
<input type="checkbox"/>	Cafeteria/125/Flexible Spending, etc.		
<input type="checkbox"/>	Other _____		
	Year terminated _____		

Please list the name of other commonly controlled business or affiliated service organization, EIN of that company and percentages of ownership:

Name: \_\_\_\_\_ EIN: \_\_\_\_\_

<u>OWNERS</u>	<u>OWNERSHIP %</u>	<u>TITLE</u>	<u>EMPLOYED FAMILY MEMBERS &amp; RELATIONSHIP TO OWNERS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____