

Company Details			
Payroll Company Name	Client ID (if known)		
Company Legal Name	DBA (if applicable)		
Federal Tax ID (EIN)	Advisor (if applicable)		
Number of Employees	Date of Incorporation		
Corporation Type	□ C Corp □ S Corp □ LLC □ Partnership □ Sole Proprietorship □ Non-Profit		
Company Address			
Authorized Primary Contact Instructions to access plan information will be emailed to the authorized contact after the plan has been processed. Plan Sponsor Web provides on-line access to real time confidential information and reports specific to the company plan. Information includes employee wages.			
Full Name	Title		
Email Address	Phone Number		
Existing Retirement Savings Plan			
Does the company curre	ntly maintain an employer sponsored retirement plan?		
Existing Retirement Plan	Type \Box 401(k) \Box 403(b) \Box Profit Sharing \Box Simple IRA \Box SEP IRA \Box Other		
Existing Retirement Plan I	Provider(s)		
Contact Details (if availa	ble)		
IRS Highly Compensated and Key Employees			
Identify all individuals working for the company that maintain ownership of more than 1% (if total is less than 100% please provide additional details in the notes section)			
	%		
	%		
	%		
Identify employees who d	are relatives of individuals who own more than 5% of the company (name and relationship)		
Identify employees who earned more than \$130,000 with the company in 2021			
Identify all company offic	cers and their titles		



Authorized Signer(s) (company owners and/or officers)				
Full Name	Title			
Email Address	Phone Number			
Full Name	Title			
Email Address	Phone Number			
Full Name	Title			
Email Address	Phone Number			
Qualifying questions for company owner or officer				
Is the company a subsidiary of another company?		□ Yes □ No		
Do any owners, spouses, or minor children own part of any other business w	□ Yes □ No			
Is the company part of an IRS defined Controlled Group or Affiliated Service	□ Yes □ No			
Will any owners or relatives of owners participate in the plan?		□ Yes □ No		
If yes, how are owners or their relatives compensated from the company?				
If you answered Yes to any of the above questions, please provide further details:				
Additional Notes (optional)				
Signature (company owner and/or officer)				
Full Name Tir	tle			
Signature Do	ate			