

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 currently maintain an employer sponsored retirement plan? Yes No
 Existing Retirement Plan Type 401(k) 403(b) Profit Sharing Simple IRA SEP IRA Other
 Existing Retirement Plan Provider(s) _____
 Contact Details (if available) _____

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 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 officers and their titles

