Plan Design information

Business Name:									
Business Entity Type (i.e. S-Corp, C-Corp, Partnership, etc.):									
Business Fiscal Year:									
Business Address:									
Business Telephone:									
Business Fax:									
Business Email:									
Business Tax Identification Number:									
Primary Contact Person(s) Name:									
Payroll Vendor:									
Payroll Frequency:									
Next Pay Date:									
Employee Census									
						<u>hours</u>			
					<u>annual</u>	<u>worked</u>	owner? %	<u>W-2</u>	
<u>ssn</u>	<u>last name</u>	<u>first name</u>	date of birth	date of hire	<u>compensation</u>	per year	<u>owned</u>	employee?	
Please indicate any special considerations, or if there are any specific individuals for whom benefits need to be maximized.									
Do you already sponsor a retirement plan, and, if so, what type?									
bo you already sponsor a retirement plan, and, it so, what type:									
Return to:	eturn to: <u>marthalipp@retireanswers.com</u> fax: 585-486-1630								
Tractain to: martinalipp o retired is well section 100 1000									