

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>ssn</u>	<u>last name</u>	<u>first name</u>	<u>date of birth</u>	<u>date of hire</u>	<u>annual compensation</u>	<u>hours worked per year</u>	<u>owner? % owned</u>	<u>W-2 employee?</u>

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?
