Advanced Plan Consulting Form

For a cash balance or defined benefit plan evaluation, please provide the following:

COMPANY INFORMATION	
Company name:	
EIN:	
Fiscal year-end:	
Business entity type: [Sole Proprietorship/LLC/Corporation]	
Address:	
Telephone number:	

OWNERSHIP DETAILS	
Number of owners with their percentage of ownership: If any owners are spouses, children or parents, indicate owner(s) and relationship:	
Does/do owner(s) own any other company(ies) with employees? If yes, provide employee census information below separately for each company for each employee who is expected to work more than 1000 hours per year	
Owner(s) DOB, annual comp for this year and last 5 years (W2 if Corporation, net K-1 if partnership, schedule C if sole proprietor)	
Any current or former retirement plan? If yes, what type? Still active?	

OBJECTIVES	
Annual contribution objective above a 401k/Profit-Sharing Plan for each owner e.g. less than $50k, $50-$100k, $100-$150k, $150-$200k, $200-$250k, $250-$300k, $300k+ or “as much as possible”.	

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CENSUS INFORMATION (Provide a census of employees for each company)							
Name	Ownership %	Relationship to Owner	Date of Birth	Date of Hire	Gross Wages	Hours Worked > 1000 (Y/N)	Job Classification

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