

PROPOSAL REQUEST FORM

(Please PRINT)

Business Name: _____

Street Address: _____

City, State & Zip Code: _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Email(s): _____

Authorized Contact Person(s): _____

Preferred method of communication during planning process: Office Cell Email Text

CPA: _____ Phone: (____) _____ Email: _____

Advisor: _____ Phone: (____) _____ Email: _____

Type of Entity: S Corp C Corp Sole Proprietor Partnership LLLP
 LLC – taxed/filing as: Sole Proprietor Partnership S Corp C Corp

Nature of Business i.e. construction, medical practice, law firm

Business Commence Date / / month, day and year

Employer Identification #: Business Code 6-digit NAICS #

Is your business taxed on a calendar year: Yes No (Ex:12/31) If no, Fiscal Year

Is there currently a plan in place: Yes No (Includes SEP or SIMPLE plans)

Are there any shared, leased, union or 1099 employees? Yes No

Is this business affiliated with any other business(es)? Yes No

Any other businesses owned by the owner(s)/spouse(s) of this business Yes No

Desired Contribution \$

Name	Date of Birth	Date of Hire	Annual (W-2) Salary	Ownership % or Family relationship to owner, if any	Job Title (complete for all)	Annual Hours worked (if <1,000)

If have you are more employees to list, please attached a separate sheet.