

# 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: <input type="checkbox"/> LLC – taxed/filing as: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLLP
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Nature of Business: \_\_\_\_\_

Business Commence Date (mm/dd/year) : \_\_\_\_\_

Employer Identification #:  Business Code (6-digit NAICS #):

Business taxed on a calendar year?  Yes  No  Other: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

Does this business currently or has it ever sponsored a plan?  Yes  No

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

Any other businesses owned by the owner(s) or spouses(s) of this business?  Yes  No (If yes, fill out separate form for each)

Desired Contribution:  \$ Desired Plan Year Start: \_\_\_\_\_

Name	Sex	DOB	Date of Hire	Annual (W-2) Salary	Ownership % or Family Relationship to Owner	Job Title (Complete for all)	Annual Hours Worked (If <1,000)
If you have more than 10 employees to list, fill out an Excel spreadsheet.							