



# RETIREMENT PLAN FACT FINDER

Company Name: \_\_\_\_\_ Tax ID# \_\_\_\_\_

NAICS # (6-digit business code found on corp tax return): \_\_\_\_\_ Industry Type: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Prefer: ( ) Phone ( ) Email

Date Business Commenced: \_\_\_\_\_ Company Tax Year-End: \_\_\_\_\_

Business Entity Form: ( ) Corporation ( ) S Corp ( ) Partnership\* ( ) LLC\* ( ) Sole Prop\*

\*Taxed as: \_\_\_\_\_ \*How are owner earnings reported? (Ex: W2, K1, Schedule C): \_\_\_\_\_

Owners and Partners:	NAME	Ownership %	Participating in Plan? (Yes/No)
	_____		
	_____		

Do any of the owners own all or part of any other companies? ( ) NO ( ) YES - if yes, please explain on page 2

Does the spouse have ownership in any companies? ( ) NO ( ) YES – if yes, please explain on page 2

Is your company part of a “Controlled Group” or “Affiliated Services Group” ( ) NO ( ) YES - if yes, explain on page 2

- *Controlled Group – Common ownership (wholly or partially) with other businesses*
- *Affiliated Service Group – When the employer regularly provides services to a third party with another business.*

Has the Company ever had a Retirement plan (401k, SEP, Simple, Defined Benefit)? ( ) NO ( ) YES: if yes, explain on page 2

Do you (or any partner or spouse) participate in any other retirement plan? ( ) NO ( ) YES - if yes, explain on page 2

Do any of the owners have a spouse? ( ) NO ( ) YES – If Yes:

- Will the spouse be participating in the plan: ( ) NO ( ) YES - If yes, are they on payroll? \_\_\_\_\_
- Does the spouse have ownership in any companies? ( ) NO ( ) YES – if yes, please explain.

Number of Employees (Total currently on payroll): \_\_\_\_\_ Full time \_\_\_\_\_ Part Time\*

\* Part time employees, how many of them work at least at least 500 hours per year? \_\_\_\_\_

Types of Wages? ( ) W2 ( ) Section 125 ( ) Bonuses ( ) Fringe Benefits ( ) Commission

Payroll Frequency: \_\_\_\_\_ Payroll Provider: \_\_\_\_\_

Do you have: ( ) Union Employees ( ) Leased Employees ( ) Non-resident Aliens

**PLAN TYPE**

New Plan Start up Where will the assets be held?: \_\_\_\_\_

Incoming Rollovers?  NO  Yes: \$ \_\_\_\_\_

Existing Plan Where are the current assets held?: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Does the current plan include any of the following:

Life Insurance  Outside brokerage accounts  Real estate  Loans

Main Goal of Plan:  Max out owners  Employee retaining/attraction  Tax Savings  Other: \_\_\_\_\_

**ADDITONAL INFORMATION**

Financial Advisor - Name/Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Accountant - Name/Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional explanation from page 1: \_\_\_\_\_

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Any other comments/considerations? \_\_\_\_\_

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**ACCEPTANCE – This information is complete and accurate:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date