



CLIENT DATA FORM

Please complete, sign and date - Questions, please call (917) 828-5888

1. LEGAL NAME OF COMPANY: _____
DBA: _____
2. MAILING ADDRESS: _____
3. BILLING ADDRESS (if different): _____
4. TELEPHONE NUMBER: _____ FAX: _____
5. EMAIL: _____
6. DAY TO DAY CONTACT: _____ TITLE: _____
7. TELEPHONE NUMBER: _____ FAX: _____
8. EMAIL: _____
9. EMPLOYER ID: _____ NEED TO APPLY: _____
10. TRUST ID (existing plan(s)): _____
11. ACCOUNTANT: _____
FIRM: _____
ADDRESS: _____
EMAIL: _____
TELEPHONE NUMBER: _____ FAX: _____
12. FINANCIAL MGR.: _____
FIRM: _____
ADDRESS: _____
EMAIL: _____
TELEPHONE NUMBER: _____ FAX: _____
13. NATURE OF BUSINESS: _____
14. DATE BUS. BEGAN/INCORP.: _____
15. I.R.S. BUSINESS CODE: _____
16. PLAN YEAR END: _____
17. FISCAL YEAR END: _____
18. ENTITY TYPE:
 SOLE PROPRIETOR PARTNERSHIP LLP LLC C. CORP. S CORP. NON-PROFIT

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19. PREDECESSOR BUSINESS NAME (IF ANY): _____
 SOLE PROPRIETOR PARTNERSHIP LLP LLC C. CORP. S CORP. NON-PROFIT
EMPLOYER ID: _____
DATE BUS. BEGAN/INCORP: _____

20. OWNERSHIP OWNERSHIP %

NAME: _____	TITLE: _____	_____ %
NAME: _____	TITLE: _____	_____ %
NAME: _____	TITLE: _____	_____ %
NAME: _____	TITLE: _____	_____ %

21. INTENDED TRUSTEE (S)
NAME: _____
ADDRESS: _____
PHONE: _____ EMAIL: _____

22. PAYROLL COMPANY USED: _____

23. PAYROLL FREQUENCY: _____

24. CONTROLLED ORGANIZATIONS & AFFILIATED SERVICE GROUPS:
A. DOES THIS COMPANY OR ANY OWNER OR THE SPOUSE OF ANY OWNER LISTED ABOVE OWN ANY PART OF ANY OTHER ORGANIZATIONS? YES NO
B. IF 24A IS YES, COMPLETE A SEPARATE DATA FORM

25. CURRENT PLANS:
ARE THERE, OR HAVE THERE EVER BEEN, ANY RETIREMENT PLANS NOW IN FORCE SPONSORED BY THIS COMPANY?

<input type="checkbox"/> NONE	<input type="checkbox"/> PROFIT SHARING
<input type="checkbox"/> 401(K) ONLY	<input type="checkbox"/> 401(K) PROFIT SHARING PLAN
<input type="checkbox"/> MONEY PURCHASE PENSION	<input type="checkbox"/> DEFINED BENEFIT PENSION
<input type="checkbox"/> TARGET BENEFIT PENSION	<input type="checkbox"/> TAX SHELTERED ANNUITY
<input type="checkbox"/> EMPLOYEE STOCK OPTION	<input type="checkbox"/> SEP OR SARSEP
<input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> SIMPLE 401(K)

26. PRIOR TPA (WHEN CHANGING ADMINISTRATION OF AN EXISTING PLAN)
NAME: _____
ADDRESS: _____
TELEPHONE: _____ FAX: _____
CONTACT PERSON: _____

27. ANY UNION EMPLOYEES?: YES ? NO

28. ANY LEASED EMPLOYEES?: YES ? NO

CLIENT: _____ DATE: _____
(PLAN SPONSOR SIGNATURE)

CLIENT: _____ DATE: _____
(PRINT)

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