

RETIREMENT PLAN DESIGN DATA CHECKLIST SMALL BUSINESS

Prepared for: _____

Legal Company Name

Type of Business: ☐ Non-Profit Organization ☐ Sole Proprietorship ☐ Sub-chapter S-corporation
☐ Partnership ☐ C-corporation
☐ Limited Liability Company, taxed as: ☐ Partnership/Single Member, LLC ☐ S-Corp; ☐ C-Corp

Fiscal Year End Date: _____

Is there a predecessor business entity? YES ☐ NO ☐

If yes, Date established: _____

Business Name: _____

Company's Industry: _____

Business Address: _____

Owner: _____

Phone: _____ Fax: _____

E-mail: _____

Financial Advisor: _____

Phone: _____ Fax: _____

E-mail: _____

Accountant: _____

Phone: _____ Fax: _____

E-mail: _____

Deposit Notice:

In order to run a proposal a \$250 deposit payable to Independent Pension Service, Inc. is required at this time, which will be used to offset the initial Plan set-up fee if it is agreed to go ahead with the proposal.

Is there an existing qualified plan? ☐ YES ☐ NO

If yes*, type? ☐ P-S ☐ 401(k) ☐ SEP ☐ SIMPLE ☐ Defined Benefit.

*** Please provide a copy of the existing plan's latest valuation report.**

Current annual plan contribution: \$_____

Additional Annual budget for this proposed plan: \$_____

Total Annual Budget: \$_____

Comments: _____

Do any owners in this business own other businesses? ☐ Yes ☐ No

If yes, detail ownership information below to determine if controlled group or affiliated service group rules apply.

<u>Company Name</u>	<u>Owner/%</u>	<u>Owner/%</u>	<u>Owner/%</u>	<u>Owner/%</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

IMPORTANT NOTICE: It is very important that Census Data is complete and accurate. Inaccurate or incomplete data can result in the Plan failing the required non-discrimination tests, resulting in serious tax consequences and additional plan design costs. Independent Pension Services, Inc., nor any of the insurance carriers supplying insurance products to the Plan shall be responsible for any tax, tax penalties, and interest, and additional plan design costs resulting from inaccurate or incomplete data supplied by the client or other advisors.

EMPLOYEE CENSUS DATA PROJECTED FOR PLAN YEAR

COMPANY NAME:

LAST NAME	FIRST NAME	SEX	% OWNER	OCCUPATION TITLE (POS*)	BIRTH DATE	HIRE DATE	TERM DATE	PROJECTED HOURS WORKED	PROJECTED COMP.	** YES/NO

***POS means Positions**

****Family Member thru Attribution, i.e. spouse, child, parent of owner**

O – Owner C – Clerical M – Manager A – All others S – Supervisor

Prepared by: _____

Phone: _____ Fax: _____ E-mail: _____

Return to: Independent Pension Services
114 Old Country Road, Suite 520
Mineola, NY 11501
(516) 747-5210 FAX (516) 747-5914
indpndnt@indpndnt.com

See next page if additional Employee Census Data needs to be entered

EMPLOYEE CENSUS DATA PROJECTED FOR PLAN YEAR

COMPANY NAME: _____

LAST NAME	FIRST NAME	SEX	% OWNER	OCCUPATION TITLE (POS*)	BIRTH DATE	HIRE DATE	TERM DATE	PROJECTED HOURS WORKED	PROJECTED COMP.	** YES/NO

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Prepared by: _____

Phone: _____

Fax: _____

E-mail: _____