

PROPOSAL REQUEST/EMPLOYER INFORMATION FORM

Legal Name of Employer:	
Mailing Address:	
Type of Business: <input type="checkbox"/> C Corp. <input type="checkbox"/> S Corp. <input type="checkbox"/> Professional Corp. <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Association	
Tax Identification #:	Web Address:
Telephone #:	FAX #:
Principal Business Activity:	Fiscal Year End:
Date Business Incorporated or commenced:	Name of Payroll Service Provider:
Name of Person To Contact:	E-mail Address:

Accountant's Name:	Accountant's E-mail Address:
Accountant's Telephone #:	Accountant's FAX #:
Name of Accounting Firm:	
Mailing Address of Accounting Firm:	

Attorney's Name:	Attorney's E-mail Address:
Attorney's Telephone #:	Attorney's FAX #:
Name of Law Firm:	
Mailing Address of Law Firm:	

List below all owners and officers of the Employer:

NAME:	TITLE:	OWNERSHIP %:

Note: Ownership must total 100%

List below **any** employee of the Employer (or a related Employer) who is a family member of an owner of the Employer (or a related Employer):

EMPLOYEE'S NAME:	NAME OF THE OWNER TO WHICH THE EMPLOYEE IS RELATED:	FAMILY RELATIONSHIP (i.e. spouse, son, father):

Note: A family member includes a spouse or a lineal ascendant or descendant.

Does the Employer maintain any form of Flexible Benefit (Section 125) Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Employer or any of its owners presently maintain any other qualified retirement plans (including a SEP or Simple IRA plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the Employer or any of its owners ever maintain a defined benefit plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the terms of any collective bargaining agreement(s) require the Employer to cover union employees under a retirement program that it sponsors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Employer employ any Leased Employees who are not covered by a "safe harbor" plan of the leasing organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above questions, provide details below:	

Have you or your legal or tax advisors determined that your business is part of an Affiliated Service Group or a Controlled Group of Businesses (as these terms are defined in the Internal Revenue Code)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Employer or any of its owners have a direct or indirect ownership interest in any other business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Employer or any of its owners provide management services to another business representing the principal revenue (at least 50%) of the Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Employer derive a significant portion (5% or more) of its service receipts percentage from the performance of services to another business? If "yes," list the name(s) of such business below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENT ON THE RELATIONSHIP OF THE EMPLOYER TO OTHER BUSINESSES, IF ANY: <hr/> <hr/> <hr/> <hr/>	
<i>If you answered "Yes" to any of the questions in this Section, complete a PROPOSAL REQUEST/EMPLOYER INFORMATION form for each business identified in this Section and provide CENSUS DATA for each such business..</i>	

List specific objectives (contribution, benefit, or other) below:

Prepared By:	Date:
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