



CONFIDENTIAL PLAN QUESTIONNAIRE

EMPLOYER INFORMATION:

Complete Name of Employer: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Ext.:** _____ **FAX:** _____ **E-mail:** _____

Date Business Commenced: ____ / ____ / ____

Nature of Business: _____

Employer I.D. #: _____ **Effective Date of Plan:** ____ / ____ / ____

Fiscal Year End: ____ / ____ **SIC Code:** _____

Please indicate the type of entity below:

S-Corporation **LLC** **Sole Proprietorship**

C-Corporation **LLP** **Partnership**

State in which incorporated: _____

CORPORATION:

PARTNERSHIP OR LLC:

Number of Directors (list #)

Number of Partners or Members (list #)

Please provide First, MI, and Last Names for the following:

President: _____

Secretary: _____

Trustee #1: _____

Trustee #2: _____



WINDES & MCCLAUGHRY
ACCOUNTANCY CORPORATION

Employee Benefit Services

CONFIDENTIAL PLAN QUESTIONNAIRE

ADVISORS:

Accountant: _____

Firm Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Ext.:** _____ **FAX:** _____ **E-mail:** _____

Attorney: _____

Firm Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Ext.:** _____ **FAX:** _____ **E-mail:** _____



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- Do you have any leased employees who have worked for you on a substantially full-time basis for at least one year?

Yes No

If yes, please include these employees on the employee census form and mark them as leased employees.

- Do you regularly use the services of any independent contractors?

Yes No

- Are any employees related to each other? If so, please attach a description of any family relationships.

Yes No

- Do you sponsor any other plans, including Cafeteria, SEP, or SIMPLE Plans?

Yes No

- Does any key employee, or any member of any key employee's family (including spouse), own a controlling interest in any other business? If yes, please attach an explanation.

(Generally, a key employee, a more than 5% owner, is an officer who has compensation of \$130,000 or greater or is a 1% owner with compensation exceeding \$150,000).

Yes No

- Please indicate which of the following features you would like to consider incorporating into the plan design:

Loans

Hardship Withdrawals

Segregated Accounts

Please return completed form to:

James R. Howe, CPC, MSPA, APA

jhowe@windes.com / Fax: (562) 436-6186 / Phone: (562) 435-1191

P.O. Box 87, Long Beach, CA 90801- 0087