

BUSINESS DATA FORM



Prepared for:

(Company Name)

(Date)

For the design, installation and submission of Pension/Profit Sharing Plans



Schweitzer & Company, LLC

160 Howells Road – Suite 4
Bay Shore, NY 11706

Phone: (631) 969-2200
Fax: (631) 969-1180
Email: info@SchweitzerTPA.com
Website: www.SchweitzerTPA.com

☐

Check this box if only a proposal is desired.

☐

Check this box if you wish us to prepare your Plan and Trust Documents.

Sponsor's Legal Name:

Address and contact info:

Number and Street

Town

State

Zip

Phone

Fax

Email Address:

**Employer Identification Number:
(E.I.N.)**

Principal business activity:

**Name of any controlled, affiliated, or
subsidiary business entities. Enter
“none” if not applicable:**

Type of Organization:

(If LLC, select box indicating
how entity is taxed)

☐

Corporation

☐

Sub S Corp.

☐

Sole Proprietor

☐

Partnership

Name of Plan Trustee(s):

Date business commenced:

Fiscal year ends:

Month

Day

Plan(s) Effective Date:

Month

Day

Year

Compensation Measurement Period:

_____ **thru** _____

Other qualified plan(s) maintained by Employer, or, ever maintained by Employer. Please include plan number(s) (*i.e.* 001, 002 etc.)

(If plan(s) terminated, please indicate final plan year)

<u>Plan Name</u>	<u>Plan Number</u>	<u>Notes</u>
_____	_____	_____
_____	_____	_____

Desired Type of Plan (check one)

- ☐ **Defined Benefit**
- ☐ **Cash Balance Defined Benefit Plan**
- ☐ **Profit Sharing**
- ☐ **401(k) / Profit Sharing**

**List any Individuals owning 5% or more:
(please include family members)**

Names of Corporate Officers:

Employer's Accountant:

Name

Email Address

Phone **Fax**

Street Address

Town **State** **Zip**

Contribution Level Desired:

Other objectives:

Will the plan allow loans to participants:

☐ Yes

☐ No

Will the plan have a Financial Hardship Provision?

☐ Yes

☐ No

Complete this section for 401(k) Plans only.

Employer Matching Formula
(If discretionary, please indicate, or enter "N/A" if no employer match is desired.

Will accounts be Segregated?

☐ Yes

☐ No

Profit Sharing Provision?

☐ Yes

☐ No

If a Profit Sharing Provision is desired, will it be integrated with Social Security?

☐ Yes

☐ No

Note: Integrated plans give a greater allocation to the higher paid employees, as compared to non-integrated plans.

SIGN HERE

Authorized Signature

Title

Date