

## BUSINESS DATA FORM



**Prepared for:**

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(Company Name)

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(Date)

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



**Schweitzer & Company, LLC**

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Website: [www.SchweitzerTPA.com](http://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 affiliated or subsidiary  
corporations or 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.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**