

**SOLO CONFIDENTIAL PLAN QUESTIONNAIRE**

Legal Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Entity Type:  C-Corporation  S-Corporation  Partnership  
 Sole Proprietorship  LLP  Government Entity  
 Professional Service Corp  501(c)(3)  LLC (taxed as a...)  
 Partnership  Corp  S-Corp

Depending on your type of Business Entity a SS-4 would need to be filed to obtain a Trust EIN as a Social Security cannot be used for filing of the 5500 and should not be used in the opening of the financial contracts.

Number of Employee's: \_\_\_\_\_ Are any employees leased?  Yes  No Are Any Part-Time  Yes  No

Business Start Date: \_\_\_\_\_ Employer Tax Id: \_\_\_\_\_

If Incorporated, what State: \_\_\_\_\_ IRS Business Code: 6-digit \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Employer Tax Year:  Calendar  Fiscal (Please Provide) \_\_\_\_\_

Do you need PPC to file an SS-4 for a Trust EIN? A Social Security cannot be used for a Solo.  Yes  No

Names of Shareholder(s)/ Partners/Sole Proprietor	Ownership %	Other Business(es)	Ownership % in Other Business(es)

Do the principals own, control or manage any other business?  Yes  No

Did the principals ever own a predecessor Business?  Yes  No

Is the plan sponsor a member of a controlled corporate group or other related entity?  Yes  No

Is the Plan Sponsor a member of an affiliated service group?  Yes  No

Has the employer ever sponsored a Simple Employee Plan (SEP), DB or 401(k)?  Yes  No

Comments/Concerns:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Approval to Proceed**

Signature of Plan Representative: \_\_\_\_\_  
 \_\_\_\_\_  
 Date

Print Name: \_\_\_\_\_

## EMPLOYEE CENSUS INFORMATION

Return Census to:  
 Pension Plan Consultants  
 653 Skippack Pike Ste 210  
 Blue Bell, PA 19422  
 Fax: (877) 626-7576  
 Jim@PPC-TPA.com

Name of Company \_\_\_\_\_  
 Business Type: \_\_\_\_\_  
 Census as of 12/31/2018

SS#	Name of Employee	Sex (M/F)	Date of Birth	Date of Hire	Stat Code	Status Date	Net Income	Hours Code	Pre-Tax Deferrals	Roth Deferrals	Own %	Officer Y/N	Family Y/N
123-45-6789	John Doe	M	1/1/1980	1/1/2017			\$ 54,123.00	c	18,000.00	0.00	100	y	y
Home Address: 123 Main St Anywhere, PA 19111													
1													
Home Address:													
2													
Home Address:													

**Business type**

Please select either in sole proprietorship or corporation. The calculations for your contributions are slightly different depending on the business type.

**Net income**

For sole proprietors, this is your net income from your tax Schedule C or C-EZ. For single owner corporations with no employees other than yourself or your spouse, this is your w-2 wages.

I herby certify this payroll data to be accurate and authorize you to proceed based upon this information. Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Form SS-4 begins on the next page of this document.

### **Change to Domestic Employer Identification Number (EIN) Assignment by Toll-Free Phones**

Beginning January 6, 2014, the IRS will refer all domestic EIN requests received by toll-free phones to the EIN Online Assistant. You can access the Assistant by going to [www.irs.gov](http://www.irs.gov), entering "EIN" in the "Search" feature and following instructions for applying for an EIN online.

### **Attention Limit of one (1) Employer Identification Number (EIN) Issuance per Business Day**

Effective May 21, 2012, to ensure fair and equitable treatment for all taxpayers, the Internal Revenue Service (IRS) will limit Employer Identification Number (EIN) issuance to one per responsible party per day. For trusts, the limitation is applied to the grantor, owner, or trustor. For estates, the limitation is applied to the decedent (decedent estate) or the debtor (bankruptcy estate). This limitation is applicable to all requests for EINs whether online or by phone, fax or mail. We apologize for any inconvenience this may cause.

### **Change to Where to File Address and Fax-TIN Number**

There is a change to the Instructions for Form SS-4 (Rev. January 2011). On page 2, under the "Where to File or Fax" table, the address and Fax-TIN number have changed. If you are applying for an Employer Identification Number (EIN), and you have no legal residence, principal place of business, or principal office or agency in any state or the District of Columbia, file or fax your application to:

Internal Revenue Service Center  
Attn: EIN International Operation  
Cincinnati, OH 45999  
Fax-TIN: 859-669-5987

This change will be included in the next revision of the Instructions for Form SS-4.

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested		
	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, administrator, trustee, "care of" name	
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)	<b>5a</b> Street address (if different) (Do not enter a P.O. box.)	
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions)	<b>5b</b> City, state, and ZIP code (if foreign, see instructions)	
	<b>6</b> County and state where principal business is located		
	<b>7a</b> Name of responsible party	<b>7b</b> SSN, ITIN, or EIN	
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8b</b> If 8a is "Yes," enter the number of LLC members ▶		
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9a</b> <b>Type of entity</b> (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Personal service corporation
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> Other (specify) ▶ _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Plan administrator (TIN) _____	<input type="checkbox"/> Trust (TIN of grantor) _____	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	<input type="checkbox"/> Group Exemption Number (GEN) if any ▶ _____		
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country	
<b>10</b> <b>Reason for applying</b> (check only one box)			<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
<input type="checkbox"/> Started new business (specify type) ▶ _____	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Created a trust (specify type) ▶ _____
<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
<input type="checkbox"/> Compliance with IRS withholding regulations			<input type="checkbox"/> Other (specify) ▶ _____
<b>11</b> Date business started or acquired (month, day, year). See instructions.	<b>12</b> Closing month of accounting year		<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	Agricultural	Household	Other
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶			
<b>16</b> Check <b>one</b> box that best describes the principal activity of your business.	<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Health care & social assistance
<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail	<input type="checkbox"/> Accommodation & food service
<input type="checkbox"/> Other (specify) _____			
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶ _____			
<b>Third Party Designee</b> Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.			
<b>Third Party Designee</b>	Designee's name	Designee's telephone number (include area code) ( )	
	Address and ZIP code	Designee's fax number (include area code) ( )	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Name and title (type or print clearly) ▶	Applicant's telephone number (include area code) ( )	
Signature ▶	Date ▶	Applicant's fax number (include area code) ( )	

## Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.<sup>1</sup> See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
Started a new business	Does not currently have (nor expect to have) employees	Complete lines 1, 2, 4a–8a, 8b–c (if applicable), 9a, 9b (if applicable), and 10–14 and 16–18.
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a–6, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10–18.
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1–5b, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.
Changed type of organization	Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) <sup>2</sup>	Complete lines 1–18 (as applicable).
Purchased a going business <sup>3</sup>	Does not already have an EIN	Complete lines 1–18 (as applicable).
Created a trust	The trust is other than a grantor trust or an IRA trust <sup>4</sup>	Complete lines 1–18 (as applicable).
Created a pension plan as a plan administrator <sup>5</sup>	Needs an EIN for reporting purposes	Complete lines 1, 3, 4a–5b, 9a, 10, and 18.
Is a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits <sup>6</sup>	Complete lines 1–5b, 7a–b (SSN or ITIN optional), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1–6, 9a, 10–12, 13–17 (if applicable), and 18.
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a–5b, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 <sup>7</sup>	Complete lines 1, 2, 4a–5b, 9a, 10, and 18.
Is a single-member LLC	Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes <sup>8</sup>	Complete lines 1–18 (as applicable).
Is an S corporation	Needs an EIN to file Form 2553, Election by a Small Business Corporation <sup>9</sup>	Complete lines 1–18 (as applicable).

<sup>1</sup> For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

<sup>2</sup> However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

<sup>3</sup> Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

<sup>4</sup> However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

<sup>5</sup> A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

<sup>6</sup> Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

<sup>7</sup> See also *Household employer* on page 4 of the instructions. **Note.** State or local agencies may need an EIN for other reasons, for example, hired employees.

<sup>8</sup> See *Disregarded entities* on page 4 of the instructions for details on completing Form SS-4 for an LLC.

<sup>9</sup> An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.