

Employer Information Form

1. Name	Company Name		
2. Company Address	Street No. and Name		Suite No.
	City	State	Zip County
3. Contact	Primary Contact		Phone

4. Tax ID Number

5. Business Code (6 digit NAICS)

6. Type of Entity

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Partnership (LLP) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Not for Profit Corporation |
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> Professional Service Corporation |
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> Medical Corporation |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Other-Explain |

7. List the owners of the Employer: _____

8. Does the employer have ownership in any other company? _____ If yes, please attach explanation.

9. Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

10. Has the employer ever maintained another qualified plan? _____ If so, how many? _____ Has the employer ever maintained a Defined Benefit Plan? _____

11. Employer fiscal year: ____ / ____ to ____ / ____

12. Date business commenced: ____ / ____ / ____

13. In order to apply for a Trust identification number, please supply the trustee names and social security numbers:

<u>Trustee Name</u>	<u>Social Security Number</u>
_____	_____
_____	_____
_____	_____

Has the client ever applied for an employer identification number for this or any other business? _____

If yes, give client's legal name shown on prior application: _____

Also, give approximate date when and city and state where the application was filed: _____

I certify that the information above is to the best of my knowledge accurate, complete and correct.

DATE

SIGNATURE

TITLE