## Qualified/Non-Qualified Census Request

Company Information				
Name of Company/Business:				
Client Name:				
State:				
Employee Turnover (cirlce one)	High		Low	Variable
Type of Entity (cirlce one)	Sole Propri	etorship	C-Corporation	S-Corporation
	LLC Taxed	as a Corporation	LLC Taxed as a Partnership	
	Non-Profit	Organization	Other	
Date Business Commenced:				
Is the business tax year from January 1 to Dec	Yes	☐ No		
Do you have ownership in any other business	(es)?			
Determining what type of plan fits year.  Do you currently have a Qualified Plan?  If "Yes," please circle plany type:  Other:	fit Sharing	Yes 401(K)	No Defined Benefit	SEP-IRA
Factors to consider Check all that a My Business income is variable My Business income is constant I would like to have flexibility I am comfortable making fixed I would like to contribute \$50, I would like to contribute \$50, My total budget that I would I am interested in allowing en Besides yourself, is the Name and title:	t while making contributions and contributions on the contribute to the contribute to the ployees to make the contribute of the contribute	nyself myself ne plan is \$100,000 one ne plan is \$100,000 o ke before-tax contr	or more ibution to the plan. avor?	



## QUALIFIED/NON-QUALIFIED CENSUS REQUEST

## **Census Data**

For S and C Corporations, enter W-2 income; for Sole Proprietors, enter net Schedule C income; and for Partnerships, enter net K-1 income. Please list all W-2 and K1 income.

If relatives of the business owner are employed in the business, please indicate who is related and the nature of the relationship (i.e., spouse, child, etc.), and percentage of ownership.

Employee Name	Job Title	Sex	Owner	Tobacco Y/N	Date of Birth	Date of Hire	Income	Hours Worked
F - 2, 2 - 2 - 2				-				
		+						
Agent Contact Info: Name:	1	ı	ı	ı l		1	ı	I

Agent Contact Info: Name:			
Phone:			
E-mail:			
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