

CONFIDENTIAL DATA FORM

Business Identification:

Type of Business:

- Sole Proprietorship
- Partnership
- Regular Corporation
- "S" Corporation

- Limited Liability Corporation
- 501(c)(3) Tax-Exempt
- Other Tax-Exempt
- Other _____

Name of Company _____

"What is the company's product or service?" or "Nature of Business" _____

Tax Year Ends (Mo.) / (Day) ____ / ____

Information About Your Business:

1. Business Started _____ (If this is a continuation of a prior Business, when was it started? _____).

2. Incorporated _____ Not Applicable

3. Union Employee Status: YES NO
a. Are Union Employees currently working for your Business?
If Yes, how many? _____
b. Have pensions been the subject of collective bargaining?

4. Is this business under the control of another business, in control of another business, or a member of a controlled group of businesses or affiliated service group? (If Yes, indicate control via attachment, including percentage(s) of ownership.)

5. Current Retirement Plans:*
 None IRA Profit Sharing Plan Money Purchase Pension Plan
 Simple Plan SEP Plan 401(k) Plan Defined Benefit Pension Plan

*Provide copies of the Plan document and the most recent Annual Return (Form 5500)

6. For current Plan or Plans:
a. Approximate number of participating employees: _____
b. Estimated current assets: \$ _____
c. Institution(s) holding current assets: _____

7. a. If a new plan is adopted it will Replace Be in Addition to an existing Plan
 Not applicable.

b. Has this organization had a Plan that was terminated in the past?
 Yes No
If Yes, provide type of plan and date of termination. _____

Information To Help Us Meet Your Plan Objectives:

1. The goal of this plan is to: Favor Management/Preferred Employees
 Treat everyone equally
 Other _____

2. The budget for Employer Contributions is:

\$ _____ per year

_____ % of annual employee wages

Other _____

CONFIDENTIAL INFORMATION EMPLOYEE CENSUS

(Type, Print or provide on spreadsheet)

EMP NO.	FULL NAME <small>(include everyone except Union employees)</small>	SEX	BIRTH DATE <small>(M-D-Y)</small>	EMPLOY DATE <small>(M-D-Y)</small>	ESTIMATED ANNUAL COMPEN-SATION <small>(1)</small>	EMPLOYEE INFORMATION <small>(Appropriate Column(s))</small>			
						Officer	% Owner-ship	Pre-ferred <small>(2)</small>	Part-Time <small>(3)</small>
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									

(1) ANNUAL COMPENSATION: Includes basic earnings plus bonuses, commissions, overtime etc.

(2) PREFERRED EMPLOYEE: Check (✓) the box for each employee that the employer wants the plan to favor.

(3) PART TIME: Indicate any employees who work less than 1,000 hours per year.

Family Members: Which employees, if any, are related [spouse, parent, or child (or the spouse of a partner or child)] to an employee who owns more than 5% of the business? List on a separate sheet, or on the above census, the members of each family group.

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