

CORPORATE INFORMATION SHEET

Please complete all information clearly, as all plan documentation will be prepared based on the information supplied on this form.

Corporate Name: _____

Street Address: _____

City, State & Zip Code: _____

Mailing Address (if different from above): _____

City, State & Zip Code: _____

Phone with Area Code: _____ **Cell:** _____

Fax with Area Code: _____ **Email:** _____

Corporate **President:** _____

Corporate **Secretary:** _____

Plan **Trustee(s):** _____

% Ownership of Corporation: _____

Corporate/Employer Identification Number: _____

Nature of Business: _____
(i.e. construction, medical practice, attorney)

Business Code (6-digit NAICS number, check with your CPA): _____

Type of Corporation: _____ **Date of Incorporation:** _____
(i.e. S-corp, C-corp, LLC)

Fiscal Year: _____ **Plan Year** (if diff. from FYE): _____

CPA Name: _____

Business: _____

Address: _____

Phone: _____ Fax: _____

Attorney Name: _____

Business: _____

Address: _____

Phone: _____ Fax: _____

Completed by: _____ Date: _____