

# SOLE PROPRIETOR INFORMATION SHEET

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

**Business Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State & Zip Code:** \_\_\_\_\_

**Mailing Address (if different from above):** \_\_\_\_\_

**City, State & Zip Code:** \_\_\_\_\_

**Phone with Area Code:** \_\_\_\_\_

**Cell Phone with Area Code:** \_\_\_\_\_

**Fax with Area Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Owner/Sole Proprietor:** \_\_\_\_\_

**Employer Identification Number:** \_\_\_\_\_

**Plan Trustee(s):** \_\_\_\_\_

**% Ownership of Business:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_  
(i.e. construction, medical practice, attorney)

**Business Code** (6-digit NAICS number, check with your CPA): \_\_\_\_\_

**Date of Business Commencement:** \_\_\_\_\_

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

**CPA Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Attorney Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_