

CLIENT FACT SHEET

Corporate or Business Name: _____

Address: _____

Accountant Name, Address, Telephone No.: _____

Business Information:

Telephone Number _____

Fax Number _____

Business EIN _____

Business Fiscal Year _____

Business Code Number _____

Incorporation Date or Date Business Began _____

Business is organized/existing under State of _____

Business Entity:

____ Regular Corp

____ S Corp

____ LLC

____ Partnership

____ LLP

____ Sole Proprietor

____ Tax Exempt

Type of Plan Presently Sponsored:

____ None

____ Profit Sharing ____ Defined Benefit Pension

____ 401(k) ____ SIMPLE 401(k)

____ Money Purchase ____ SEP

Union Information:

Union Employees? Yes ____ No ____

Number of Union Employees _____

Union Plan? Yes ____ No ____

**OWNERSHIP
Percentage**

Name

Officers

Other Businesses Presently Owned: _____

Description of Ownership and Officers of Other Businesses Presently Owned: _____

Was there a predecessor unincorporated or incorporated business? Yes ____ No ____

If so, what type of business entity, when did it start and when did it end? _____

Did prior business have a pension or profit sharing plan? Yes ____ No ____

If yes, what type of plan? _____