

CLIENT FACT SHEET

Business Name: _____

Contact Person: Name _____ Email _____

Phone _____ Fax _____

CPA: Name _____ Email _____

Firm _____ Phone _____

Financial Advisor: Name _____ Email _____

Firm _____ Phone _____

Business Info: Mailing Address _____

Physical Address _____

Business is organized/existing under State of _____

Date Business Began/Incorporated _____

Business Fiscal Year Ends On _____

Business EIN _____

Business Code Number _____

Form of Business: C Corporation S Corporation Sole Proprietor Partnership
 LLP LLC-Partnership LLC-Corporation Tax Exempt

Type of Plan Presently Sponsored:

None Profit Sharing 401k Money Purchase Defined Benefit SIMPLE 401k SEP Union

Ownership Information:

Name	% Ownership	Officer
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do any of the owners of this business, or their spouses, presently own another business? Yes No

If "yes" provide the other businesses' names, ownership and officers: _____

Predecessor Business Information:

Was there a predecessor unincorporated or incorporated business? Yes No

If "yes" provide the prior business' name, entity type, start date and end date: _____

Did the prior business have a retirement plan? Yes No

If "yes" what type of plan? _____