CLIENT FACT SHEET

Business Name: _____

Contact Person: Name _____ Email _____

Contact's Phone_____ Business Phone _____

Accountant: Name _____ Email _____

Firm _____ Phone_____

Financial Advisor: Name _____ Email _____

Firm _____ Phone_____

Business Info: Mailing Address _____

Physical Address_____

Date Business Began/Incorporated _____

Business Fiscal Year Ends On _____

Business EIN _____

Business Activity Code _____ (from your business tax return)

Form of Business: ☐ S Corporation ☐ Partnership ☐ LLC -Partnership

☐ C Corporation ☐ LLP ☐ LLC -S Corporation

☐ Tax Exempt ☐ Sole Proprietorship ☐ LLC -Sole Proprietorship

Type of Plan Presently Sponsored:

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

Ownership Information:

Name	% Ownership	Officer
_____	_____	☐Yes ☐No
_____	_____	☐Yes ☐No
_____	_____	☐Yes ☐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? _____

ANNUAL CENSUS

EMPLOYER NAME: _____ YEAR END: _____

Please include all owners and all employees employed during the year, including employees who were terminated

❑Yes ❑No Are there any leased employees? If "yes" write in code "L" for such employees. Leased employees are individuals that are leased through another company and provide services to this business for more than 1,500 hours per year.

❑Yes ❑No Are there any union employees? If "yes" write in code "U" for such employees.

❑Yes ❑No Are any employees related to each other? If "yes" write in the following codes for the family members. If there is more than one related family, indicate who is related to whom.
Code "M" for employees who are married to each other
Codes "P" and "C" for parents and children employed at the business
Codes "GP" and "GC" for grandparents and grandchildren employed at the business

Employee	Codes	Date of Birth	Date of Hire	Hours	Annual Compensation *	Date of Termination

* For owners of corporations, include W-2 compensation only. For owners of sole proprietorships or partnerships, include annual net income (i.e., after expenses) from Schedule C or Form K-1.