

Qualified Plans Fact Finder



Name of Company/Business: _____

Type of Entity: Sole Proprietorship C-Corporation S-Corporation Partnership
 LLC Taxed as a Corporation LLC Taxed as Partnership Other _____
Business tax year January 1 to December 31 Other _____

Desired total Contribution Amount: _____
Initial Plan Tax Year for Deduction: 2021 2022
Business Tax Return Filing Date for Initial Plan Tax Year: _____

Does the owner(s) have ownership in any other business(es)? Yes No **If yes, complete Fact Finder for each.**

If Yes: Business Name _____
Business Owners and % Ownership _____
Nature of Business Activity _____
Employees Yes Number _____

Do you currently have a qualified plan? Yes No
If "Yes," please indicate type Profit Sharing 401(k) 403(b) SEP-IRA SIMPLE
 Defined Benefit 412(e)(3) Cash Balance Money Purchase

If employer has Existing 401(k), Plan effective date: _____
 Safe Harbor
 Yes Match 3% Fail Safe
 No
Profit Sharing Allocation Formula
 Proportionate to Pay
 Permitted Disparity
 Age Based
 New Comparability
 Don't Know

Check all that apply

Business income is; variable Constant
Employer would prefer: flexible contributions Comfortable making fixed contributions
Desired contribution for owner: \$60,000 or less \$60,000 or more
 Interested in allowing employees to make before-tax contributions to the plan

If relatives of the business owner are employed in the business, please indicate who is related and the nature of the relationship (i.e., spouse, child, etc.). _____
Who does employer want to favor? _____

Please Provide Complete Census Information in Provided Excel File. For S and C Corporations, enter W-2 income; for Sole Proprietors, enter net Schedule C income; and for Partnerships, enter net K-1 income.

Advisor Contact Info:

Name: _____
Phone: _____ E-mail: _____
Additional Contact, if any: _____