

# QUALIFIED PLAN QUESTIONNAIRE

For the \_\_\_\_\_ Plan Year End

1. PLEASE CONFIRM OR SUPPLY THE FOLLOWING INFORMATION:

Plan Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Cell: \_\_\_\_\_ Direct Line: \_\_\_\_\_

E-Mail: \_\_\_\_\_  Able to accept e-mail attachments

Individuals to be cc'd: \_\_\_\_\_

2. IF YOU SPONSOR A PROFIT SHARING PLAN, PLEASE CHECK ONE OF THE FOLLOWING:

- No profit sharing contribution will be made this year
- Please calculate the maximum contribution allowable this year.
- Please calculate a profit sharing contribution based on one of the following:
  - \_\_\_\_\_%
  - \$ \_\_\_\_\_

3. IF YOU SPONSOR A 401(K) PLAN WITH A DISCRETIONARY MATCH, PLEASE CHECK ONE OF THE FOLLOWING:

- No match contribution will be made this year
- Please calculate the maximum contribution allowable this year.
- Please calculate a match contribution based on one of the following:
  - \_\_\_\_\_% up to \_\_\_\_\_% or \$ \_\_\_\_\_
  - \$ \_\_\_\_\_

4. CHECK COMPANY TAX ELECTION:

- C CORP             S CORP             LLP             LLC
- Sole Proprietorship    Partnership             Other \_\_\_\_\_

5. NAME OF CPA; IF ANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

6. NAME OF INVESTMENT BROKER; IF ANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

7. **DO YOU HAVE ANY NON-OWNER EMPLOYEES WHO PARTICIPATE IN THE PLAN?**

YES  NO

If "yes", please provide a copy of the face sheet of your Fidelity Bond Contract.

8. **DO ANY OWNERS OF THE ENTITY OWN AN INTEREST IN ANOTHER BUSINESS?**

If "yes", please describe business, owners, and percentage of ownership.

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9. **LIST ANY CHANGES IN OFFICERS, PARTNERS, OWNERS, ADMINISTRATIVE COMMITTEE OR TRUSTEES FOR THIS YEAR:**

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10. **DO YOU SPONSOR A 125 CAFETERIA PLAN THAT ALLOWS EMPLOYEES TO EITHER PAY MEDICAL PREMIUMS ON A PRE-TAX BASIS, OR ESTABLISH PRE-TAX REIMBURSEMENT ACCOUNTS?**

YES  NO

If "yes", does your 125 Cafeteria Plan utilize an automatic enrollment feature?

YES  NO

11. **HAVE ANY CONTRIBUTIONS ON BEHALF OF YOU OR YOUR EMPLOYEES EVER BEEN MADE TO PLANS SPONSORED BY A PROFESSIONAL ORGANIZATION?** (i.e. Screen Actors, Directors or Writers Guilds, Bar Association, etc.)

YES  NO

If "yes", please provide a copy of your most recent benefit statements.

12. **LEASED EMPLOYEES or STAFFING ARRANGEMENT**

Has any staff performed services for your company as leased employees or under an outside staffing arrangement?

YES

NO

If "Yes", please list all such staff on a separate page, in the same format as provided on your annual employee census forms.

(Leased Employee rules have changed substantially. The IRS has issued sweeping and clear guidance to apply when any kind of Professional Employer Organization or "Staffing" company is involved.)

13. **ARE THERE ANY SPECIFIC PROVISIONS OF YOUR PLAN THAT NEED FURTHER EXPLANATION AND POSSIBLE AMENDMENT?**

YES

NO

14. **DO YOU WISH TO SPEAK TO SOMEONE REGARDING ONGOING PLAN DESIGN/OBJECTIVES?**

YES

NO

CERTIFIED BY: \_\_\_\_\_ Date: \_\_\_\_\_