

CLIENT INFORMATION

COMPLETE COMPANY NAME: _____

TELEPHONE #: () _____ FAX #:() _____

LEGAL ADDRESS: _____ SUITE/FLOOR #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYER EIN: _____ IRS BUSINESS CODE: _____

TRUST EIN: _____ FIRM'S SPECIALTY: _____

PAY PERIOD: _____ WEEKLY _____ BI WEEKLY _____ SEMI MONTHLY _____ MONTHLY

TYPE OF ORGANIZATION: LIMITED LIABILITY CORP. (LLC) : _____ LIMITED LIABILITY PARTNERSHIP(LLP) : _____ CORPORATION: _____

SUBCHAPTER S CORPORATION: _____ PARTNERSHIP: _____ SOLE PROPRIETOR: _____

DATE BUSINESS STARTED: _____ FISCAL YEAR END: _____ TAX STATUS: CASH: _____ ACCRUAL: _____

STATE OF INCORPORATION: _____ DATE OF INCORPORATION: _____

EFFECTIVE DATE OF PLAN: _____ PLAN YEAR END: _____

TRUSTEES : _____ ; _____

: _____ ; _____

CORPORATE OFFICERS: PRESIDENT : _____ SECRETARY _____

VICE-PRESIDENT: _____ TREASURER: _____

SHAREHOLDER / PARTNERS : _____ % OF OWNERSHIP _____

: _____ % OF OWNERSHIP _____

: _____ % OF OWNERSHIP _____

: _____ % OF OWNERSHIP _____

OTHER ENTITIES WITH COMMON OWNERSHIP : _____

OTHER AFFILIATED SERVICE ENTITIES : _____

COMPANY CONTACT : _____ TELE# _____

BOARD OF DIRECTORS : _____ ; _____

: _____ ; _____

ARE THERE UNION EMPLOYEES: NO: _____ YES: _____ # OF UNION EMPLOYEES: _____

ACCOUNTANT: _____ TELEPHONE # :() _____

ADDRESS: _____

CITY : _____ STATE: _____ ZIP CODE: _____

CASUALTY INSURANCE AGENT: _____ TELEPHONE # :() _____

ADDRESS : _____

CITY : _____ STATE: _____ ZIP CODE: _____

NOTES: