

Company Name: _____

Name of Person completing this form: _____

Company Type (S corp, sole proprietor, LLC) _____

Telephone Number: _____

*Please complete the below for every employee in your business regardless of eligibility.

New Plan: YES NO

Social Security #	Last Name	First Name	Date of Birth	Date of Hire	Hrs of Service	Compensation	% Ownership,	Classification	Relationship to Owner

Hrs of Service: (1): 1,000 hours or more (2): 999-500 hours (3) 499-0 hours.
Compensation: Box 5 on most recent W2 form. If unsure, attach most recent W2 forms (and K-1s, if applicable)
Business classification: indicate if employee, owner, executive.
Family relationship: indicate if spouse, parent, sibling or child.