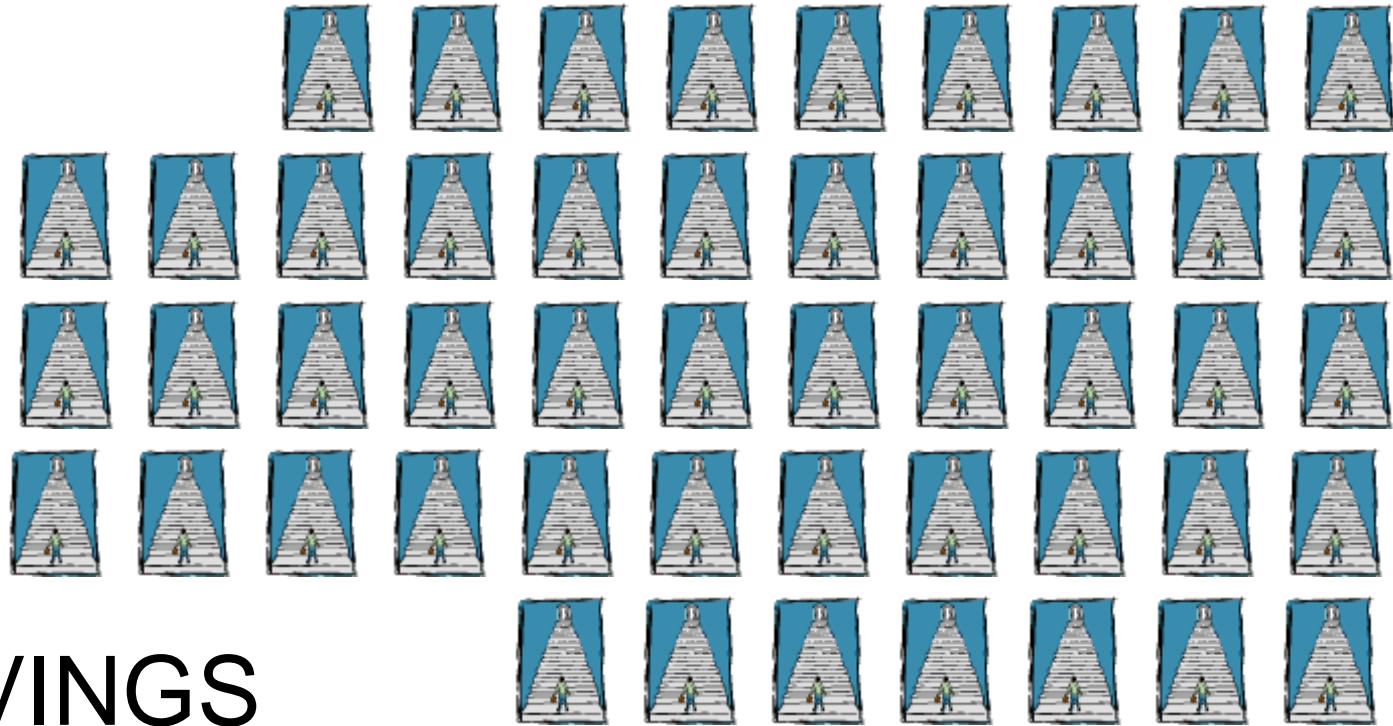


# THE FIRST STEP TO TAX SAVINGS



## A CONFIDENTIAL SURVEY

Please forward completed survey to:

Stephen Taft, QPA

**SPT Pensions**

9 Howard Avenue

White Plains, NY 10606

(914) 469-6116 fax (914) 948-5844

*e-mail* [steve@thepensionmaven.com](mailto:steve@thepensionmaven.com)

## EMPLOYER INFORMATION

1. Legal name of business \_\_\_\_\_ Trustees \_\_\_\_\_
2. Address of business \_\_\_\_\_
3. Telephone Number \_\_\_\_\_
4. Business Tax Identification Number \_\_\_\_\_
5. Type of business  Self-employed  Corporation  Professional Practice  Non-Profit organization  Other \_\_\_\_\_
6. (a) Date of incorporation \_\_\_\_\_ 6(b) State of incorporation \_\_\_\_\_ 6(c) Sub-S  Yes  No
7. Fiscal year ends (month and day) \_\_\_\_\_
8. (a) How long has the employer been in present business or practice (include unincorporated years) \_\_\_\_\_  
 (b) Describe any predecessor business or practice \_\_\_\_\_
9. Corporate earnings over the last 5 years: increasing  decreasing  stable  surplus position \_\_\_\_\_
10. Is there a current plan  Yes  No. If yes, briefly describe. Please enclose for the key people only, compensation and contribution history for the last few years.
11. Are there union employees?  Yes  No. If yes, has there been good faith bargaining for pension benefits?  Yes  No  
 (if no, union employees must be considered for participation in the plan, and complete information is needed.)
12. If the principals have ownership in any other business or practice (whether incorporated or not), complete the following:

### BUSINESS OR PRACTICE

	% in Co. A	% in Co. B	% in Co. C	% in Co. D	% in Co. E
1					
2					
3					
4					
5					
6					
7					

13. Does the business perform management functions for another organization on a regular basis?

**EMPLOYEE INFORMATION**

Employee's Name (First + Last)	Date of Birth (Mo/Day/Yr)	Date of Hire (Mo/Day/Yr)	Date of Termination (Mo/Day/Yr)	Plan Compensation for the Year (see below) *	Percent Ownership	Hours of Service A. 1,000 + B. 501 to 999 C. 500 or less

\* Net Earnings from Self Employment for Self Employed  
W-2 for Employees