

CONFIDENTIAL EMPLOYER DATA FORM

1. **EMPLOYER:** _____
ADDRESS: _____
PHONE NUMBER: _____ **FAX#:** _____ **RESIDENCE#:** _____ **CELL#:** _____
FISCAL/ACCTNG YEAR END: _____ **DATE OF INCORPORATION:** _____ **STATE:** _____
DATE OF PROPRIETORSHIP/PARTNERSHIP: _____
ACCOUNTANT: _____ **PHONE#:** _____ **FAX#:** _____
ADDRESS: _____
ATTORNEY: _____ **PHONE#:** _____ **FAX#:** _____
ADDRESS: _____
INVESTMENT CONSULTANT: _____ **PHONE#:** _____ **FAX#:** _____
ADDRESS: _____
2. **PRINCIPLE BUSINESS ACTIVITY:** _____ **BUSINESS CODE:** _____
3. **EMPLOYER I.D. NUMBER:** _____ **TRUST I.D. NUMBER:** _____
4. **TYPE OF BUSINESS:** CORPORATION PROPRIETORSHIP PARTNERSHIP PROFESSIONAL CORPORATION SUBCHAPTER S CORP
5. **OFFICERS AND DIRECTORS (CORPORATIONS ONLY)** %OF STOCK OWNERSHIP
- | | |
|------------------------------|-------|
| PRESIDENT: _____ | _____ |
| VICE-PRESIDENT: _____ | _____ |
| SECRETARY: _____ | _____ |
| TREASURER: _____ | _____ |
| DIRECTORS: _____ | _____ |
| _____ | _____ |
| PLAN TRUSTEES: _____ | _____ |
| _____ | _____ |
7. **PARTNERS AND EQUITY OWNERSHIP (PARTNERSHIP ONLY)** EQUITY OWNERSHIP
- _____
8. (A) **DOES THE COMPANY SPONSOR A QUALIFIED EMPLOYEE RETIREMENT PLAN(S)? IF SO, PLEASE GIVE THE NAME(S) OF THE PLAN(S)** _____
ORIGINAL EFFECTIVE DATE(S): _____
- (B) **DID THE COMPANY EVER SPONSOR A QUALIFIED EMPLOYEE RETIREMENT PLAN(S) THAT IS NO LONGER IN EXISTENCE? IF SO, PLEASE GIVE THE NAME(S) OF THE PLAN(S)** _____
ORIGINAL EFFECTIVE DATE(S) _____ **DATE(S) THE PLAN WAS DISSOLVED.** _____
- (C) **IF THE COMPANY IS A CORPORATION, DID ANY OF THE PRINCIPALS SPONSOR A SOLE PROPRIETORSHIP, PARTNERSHIP OR KEOGH PLAN? IF SO, WHO WAS THE PRINCIPAL AND WHAT PLAN DID HE SPONSOR, WHEN WAS ITS EFFECTIVE AND WHEN WAS IT DISSOLVED?** _____
9. **DO ANY OF THE PRINCIPALS, THEIR SPOUSES OR DEPENDENT CHILDREN HAVE EQUITY IN OTHER BUSINESS?** YES NO
IF SO, GIVE NAME OF BUSINESS AND PERCENTAGE OF EQUITY OWNED FOR EACH INDIVIDUAL. _____
10. **DO ANY OF THE PRINCIPALS HAVE SERVICES PRIOR TO THE DATE OF INCORPORATION IN THE SAME BUSINESS ACTIVITY ON A SELF-EMPLOYED BASIS? IF SO, GIVE THE INDIVIDUALS NAME AND INCEPTION DATE OF BUSINESS ACTIVITY.** _____