

Northeast Planning Services, Inc.

Retirement Plan Design, Administration & Consulting

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Retirement Plan Questionnaire

Corporate/Business Information

1. Name of Business: _____

2. Address: _____

3. Phone Number: () _____ Fax Number: () _____

4. Contact Person: _____ Email Address: _____

5. Type of Business Entity: Tax ID# _____

____ Corporation ____ S Corporation ____ Professional Corporation ____ Partnership ____ Sole Proprietorship

6. Profile of Owners:

Names of Principals	Title	Percent of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do the principals own, control or manage any other business? _____ yes _____ no

Is this business affiliated in any way with any other business? _____ yes _____ no

Is this business an owner or division of any other business? _____ yes _____ no

Please describe (on a separate sheet) the relationship with any affiliated business.

Are any employees of the business related to the principal or the ten most highly compensated employees in any one of the following ways: spouse, lineal ascendants (e.g., parents, grandparents), lineal descendants (e.g., children, grandchildren), spouses of lineal ascendants, or spouses of lineal descendants? If so, name the principal or other employee, the related employee, state the relationship of the related employee to the principal or other employee, and, if a lineal descendant, state the age of the lineal descendant.

7. Predecessor Business: _____

Date of establishment: _____

Date of change: _____

8. Date current business began: _____

Date of incorporation: _____

9. Taxable year: _____

10. Do you have union employees? _____ yes _____ no

