

# PROPOSAL REQUEST FORM

**CLIENT INFORMATION:**

Company Name: \_\_\_\_\_

Fiscal Year End: \_\_\_\_\_

**Business Entity Type:**

(For an LLC, select how the business is taxed)

C-Corp     S-Corp     Sole Proprietor     Partnership

Total Desired Contribution: \$ \_\_\_\_\_ (or complete column 8 below).

Please provide the following information for Owner(s) and all employees who worked at any time during the fiscal year. In the far right columns, please indicate if the employee works at least 1,000 hours per year and identify the relationship (i.e., spouse) to the Owner of any family members employed by the company.

Names of Owner(s) and Employee(s) <i>(include any leased employee)</i>	Owner %	Date of Birth (MM/DD/YY)	Date of Hire (MM/DD/YY)	Compensation* <i>(see notes)</i>	1,000 Hours (Y/N)	Family Member Relationship	Desired Contribution

**\*Compensation Notes**

- For common-law employees, compensation is defined as W-2 income.
- For owners of S-Corporations, C-Corporations or LLCs taxed as corporations, compensation is defined as W-2 income.  
**Note:** S-Corporations cannot use Schedule K-1 dividend distributions as compensation.
- For self-employed individuals (sole proprietorships, partnerships or LLCs taxed as sole proprietorships/partnerships), compensation is defined as Net Profit without reductions for plan contributions or self-employment tax.

**OTHER PLANS:**

**Does the Employer sponsor any other plans?**

Yes; Description: \_\_\_\_\_

If yes, amount already contributed for Plan Year to other plan: \$ \_\_\_\_\_

No

**Has the Employer sponsored any qualified plans that have been terminated?**

Yes, Description: \_\_\_\_\_

No

**RELATED EMPLOYERS:**

If your business is part of a controlled group or affiliated service group, employees of any group must be covered by this plan. Please review the items below and check any that apply to you.

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do any owners (or spouses) own interests in other businesses? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the employer part of a controlled group of business?       |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the employer part of an affiliated service group?          |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the employer have any leased employees?                  |