

TLC PENSION CONSULTING, INC.

FACT FINDER

*Name of Company: _____

*Form of Business:

Sole Proprietor _____ LLC _____
Corporation: C or S (Please circle) LLP _____
Partnership _____ Other _____

*Business Federal Tax ID (if any): _____

*Fiscal Year of Business: _____

*IRS Business Code (six digit number): _____

*Date of Incorporation or Start of Business: _____

*For Sole Proprietors and Partners, Social Security Number: _____

*Trustee Name and Address: _____

*Second Trustee (spouse maybe?) or none: _____

*How are Federal taxes paid?

Schedule C to Form 1040: _____

Partnership 1065 with K-1: _____

Corporate Form 1120: _____

*Business Address: _____

*County where business is located: _____

*Business Phone: _____ *Business Fax: _____

Email address (if any): _____

*Does this company have now or has it ever had any pension, profit sharing, 491(k), SEP or other retirement plans? _____

*Are they active or terminated? _____

* Do you participate in a 401(k), 403(b), or 457 with another employer? _____

Note that the "salary deferral cap" is a per person limit.

*Please list prior/other plans with plan numbers and details: _____

*Is this business part of a Controlled Group or Affiliated Service Group? _____

*Do you have any employees? __ If no, do you expect to hire employees in the future? ____

Employee Census, including:

Date of birth;

Date of hire;

Prior year pay and estimated current year pay;

Hours for prior year and current year (categories are (i) less than 500 hours a year,
(ii) between 500 and 1,000, and (iii) more than 1,000);

Ownership percentages, if applicable.

Accountant's name, address, telephone number and email address: _____

Investment advisor's name, address, telephone number and email address: _____

** These items are required to prepare the Pension Plan Documents.*

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