

# **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

