



# Qualified Plans Fact Finder

Client Name \_\_\_\_\_

## Company Information

Name of Company/Business: \_\_\_\_\_ State: \_\_\_\_\_

Employer Turnover: (select one)  High  Low  Variable

Type of Entity: (select one)  Sole Proprietorship  C-Corporation  S-Corporation  Partnership

LLC Taxed as a Corporation  LLC Taxed as Partnership  Non-Profit Organization  Other \_\_\_\_\_

Date Business Commenced: \_\_\_\_\_

Is the business tax year from January 1 to December 31?  Yes  No If not \_\_\_\_\_

Do you have ownership in any other business(es)? \_\_\_\_\_

## Determining what type of plan fits your business goals

Do you currently have a qualified plan?  Yes  No

If "Yes," please select plan type:  Profit Sharing  401(k)  Defined Benefit  SEP-IRA

Other \_\_\_\_\_

Illustrate life insurance in the plan?  Yes  No

If "Yes," which product? \_\_\_\_\_

## Factors to consider Check all that apply

- My business income is variable. (1)
- My business income is constant. (2)
- I would like to have flexibility while making contributions. (1)
- I am comfortable making fixed contributions. (2)
- I would like to contribute \$50,000 or less for myself. (1)
- I would like to contribute \$50,000 or more for myself. (2)
- My total budget that I would contribute to the plan is \$100,000 or less. (1)
- My total budget that I would contribute to the plan is \$100,000 or more. (2)
- I am interested in allowing employees to make before-tax contribution to the plan. (3)

If your choices include mostly:

- 1 Consider a Profit Sharing Plan
- 2 Consider a Defined Benefit Plan

If your choice included:

- 3 Consider a 401(k) Plan

Besides yourself, is there anyone else you would like to favor?

Name and title: \_\_\_\_\_

