

Pension Services, Inc.
CONFIDENTIAL SURVEY DATA

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Email: bill@pensionsite.org
www.pensionsite.org

1. Legal Name of Firm _____
Address _____
City _____ State _____ Zip _____
Phone: Area Code _____ Number _____

2. Business Form: ___Corporation ___Partnership ___Sole Proprietorship
File as Sub Chapter "S" Corporation ___Yes ___No

*If a sole proprietor, we need W-2 income, if any, and Net Schedule C income from Self Employment

3. Date of Incorporation _____ Fiscal Year Ends _____

4. Employee Breakdown (Number)

Salaried Employees _____

Hourly Employees _____ Union _____ Non-Union

Total Employees _____

5. Corporate profit before Federal Income Tax for past two years:

20__ \$ _____ 20__ \$ _____

6. Is Corporation contributing for employees to any other plan (DB, 401k, SIMPLE, SEP, etc.) now in operation? ___Yes ___No If yes, please complete the following:

	Amount of Last Annual Deposit	Voluntary Contributions	Total Trust Asset Value As of _____
Pension	\$ _____	\$ _____	\$ _____
Profit Sharing	\$ _____	\$ _____	\$ _____

7. Are you contributing to Union Pension? ___Yes ___No

8. Does this Firm itself, or any Stockholder, own at least 50% of any other Corporation, Partnership, or Proprietorship? ___Yes ___No

9. Special Instructions _____

