



Administrative Retirement Services, Inc.

Company Questionnaire

Company Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____ State of Incorporation: _____

Contact Name: _____ Contact Title: _____

Telephone #: _____ Fax #: _____

E-Mail Address: _____ Web Address: _____

Employer Identification Number: _____ Taxable Year End: _____

Nature of Business: _____ Date Business Commenced: _____

Is this business a member of a Controlled Group? Yes No

Is this business a member of an Affiliated Service Group? Yes No

Does this business maintain or has it ever maintained a Retirement Plan? Yes No

Does this business sponsor a Cafeteria Plan (IRC Section 125)? Yes No

Number of Employees: Full Time: _____ Part Time (< 1,000 hours per year): _____ Union: _____

Pay Cycle: Weekly Bi-Weekly Semi-Monthly Monthly

Business Advisors:

Accountant: _____ Telephone #: _____

Attorney: _____ Telephone #: _____

Insurance Agent: _____ Telephone #: _____

Investment Advisor: _____ Telephone #: _____

Entity Type:

- C-Corporation Professional Service Corporation
- S-Corporation Sole Proprietorship
- Partnership Other:
- LLC Taxed as a Partnership Corporation

Ownership Information:

List all stockholders and directors (if incorporated) or sole proprietors and partners (if not incorporated). Also list any employees who are related to these Individuals and their relationship:

Name	Title	Ownership Percentage	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____