

**IMPORTANT INFORMATION QUESTIONNAIRE**

**IN ORDER FOR US TO PROVIDE YOU WITH PROPER SERVICE AND SATISFY LEGAL REQUIREMENTS, IT IS CRITICAL THAT WE HAVE CERTAIN BASIC INFORMATION WITH RESPECT TO YOUR BUSINESS. ACCORDINGLY, IT IS VERY IMPORTANT THAT YOU COMPLETE THIS FORM AND PROVIDE US WITH COMPLETE AND ACCURATE INFORMATION.**

**IF YOU DO NOT UNDERSTAND ANY QUESTION OR DO NOT KNOW HOW TO ANSWER, LET US KNOW. IN MOST CASES YOUR ACCOUNTANT OR ATTORNEY WILL BE ABLE TO PROVIDE THE NEEDED INFORMATION.**

1. Company's Name: \_\_\_\_\_

2. Company's EIN: \_\_\_\_\_

3. Company's Business Form: (check one)

- \_\_\_\_\_ Sole Proprietorship
- \_\_\_\_\_ S Corporation
- \_\_\_\_\_ C Corporation
- \_\_\_\_\_ Limited Liability Company (LLC)
- \_\_\_\_\_ Partnership

4. Other Qualified Plans: Does the Company maintain any other tax-qualified retirement plan(s)? If yes, provide the names of the additional plan(s):

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

5. Union Employees. Does the Company have any employees who are represented by a union?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

6. Controlled Group / Common Control / Affiliated Service Group.

(i) Do you or any other owner of the Company directly or indirectly (such as through a spouse or child) have any ownership interest in any other business that has employees? (Disregard any stock ownership in a publicly traded stock or widely held enterprise.)

\_\_\_\_\_ Yes

\_\_\_\_\_ No

(ii) If the Company's business is providing services, such as a medical or other professional practice, do you or any of the other owners directly or indirectly (such as through a spouse or child) have an ownership interest in another business that (i) regularly performs services for the Company, (ii) the Company regularly performs services for, or (iii) which is regularly associated with the Company's business?

\_\_\_ Yes

\_\_\_ No

(iii) Is the Company's principal business to regularly perform management functions for a single other business or group of related businesses?

\_\_\_ Yes

\_\_\_ No

If you answered "Yes" to any of (i), (ii) or (iii) above, please provide the following information with respect to each such other business.

<u>Name of Business Entity</u>	<u>Names of Shareholders, Partners or Other Owners</u>	<u>Percentage Owned by Each Owner</u>	<u>Brief Description of Business Activities / Services Rendered</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach additional sheets if necessary.

Danziger & Markhoff LLP will have no responsibility for any adverse effects on the tax-qualified status of your plans if you do not provide us with complete and accurate information. If in the future this information changes, please notify us immediately so that we can update our files and assure the continued qualification of your Plan.

Please sign and date this Information Questionnaire to confirm the completeness and accuracy of the information provided above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title