

## RETIREMENT PLAN

### CENSUS, FINANCIAL & ANNUAL REVIEW INFORMATION REQUEST

Enclosed are the partially completed forms for your Retirement Plan(s).

Completing these forms provides us with information that are used to prepare the year-end services, reports and annual filing forms required by IRS and Department of Labor.

----->**We cannot accept the requested information verbally or typed within the body of an email** <-----

In order to serve all our clients timely and efficiently, we request that fully completed documents be sent to us:

- **By May 1st** for the filing deadline of July 31st
- If we need to file an extension because certain information is not readily available, we would need this package completed by August 1st for filing deadline of October 15th.

#### **We will be assessing the following fees for additional work done:**

- \$125 for filing an extension for the July 31st filing deadline if we don't have necessary data
- \$500 for trust accounting if the financial information page is not completed by the CPA or year-end brokerage statements are not provided
- \$250 rush fee if we need to complete tax returns within 15 days of the tax filing deadline

Please provide us with the following information:

- ✓ **Employee Census:** Complete the attached file according to the instructions provided on the following page.
- ✓ **Trust Financial Information:** In order to complete the valuation for the plan year, we need a complete schedule of all assets held by the Trust. If we don't already have duplicate copies of your brokerage statements, complete attached form with the help of your CPA or provide us with year-end brokerage statement. **Otherwise, as stated above, there will be additional fees.**
- ✓ **Annual Review Form:** Complete the attached form, sign and send it back to us

If you have any questions regarding the above items or your plan in general, please do not hesitate to call us at (818) 587-4455 to setup a phone appointment.

**INSTRUCTIONS TO COMPLETE THE ATTACHED FORMS**

**EMPLOYEE CENSUS:**

We **MUST** have complete census information in order to accurately determine eligibility, calculate contributions, and perform compliance testing.

- **Verify** all pre-printed information for accuracy, and indicate any change as applicable, including Name or Social Security Number change.
- Be sure to **report all employees** who received compensation during the plan year, even if they have terminated employment.
- **Leased employees**, as well as employees of Controlled Groups and Affiliated Service Groups, are generally considered employees of the plan sponsor, and should be included on the census.
- Provide **Date of Birth** and **Date of Hire** for each employee. These are important for determining eligibility to participate in the plan, Normal Retirement Age, and certain distribution options.
- Indicate if an employee has been **rehired**. The rules regarding rehired employees are complex. We will let you know if we need any additional information on rehired employees.
- Report **total GROSS compensation** paid for the full plan year. The annual salary figures on the Employee Census should include total compensation reported on the W-2 Form. If total compensation reported does not match the W-3 Form, we may ask for complete W-2 Forms for ALL employees. If you have any questions on the specific definition of compensation in your plan, please call us. For Self-Employed owner, we will need the NET INCOME figure on Schedule C (Form 1040). **Provide copy of all W2s and Form W3.**
- We need to know if an employee **worked less than 1,000 hours**. You can either report actual hours worked, or you can specify one of the following categories: Over 1,000 hours, Between 501 and 999 hours, or Less than 500 hours.
- All sole proprietorships or partnerships must provide Schedule C (Form 1040)/K-1 information. **Processing cannot be completed without this information.**

**TRUST FINANCIAL INFORMATION:**

In order to complete the valuation for this plan year, ideally, we'll need 12 months copies of brokerage statements. If we don't already receive duplicate copies, please complete the attach with the help of your CPA or provide year end statement.

**ANNUAL REVIEW FORM:**

Complete the form as indicated and return it back to us along with the Census & Financial Info.



**EMPLOYEE CENSUS**

Company Name: \_\_\_\_\_

Valuation Date: \_\_\_\_\_

**Provide Copies of all W2s and Copy of Form W3**

<b>Last Name</b>	<b>First Name</b>	<b>Sex</b> (M or F)	<b>Birth Date</b> (mm/dd/yy)	<b>Hire Date</b> (mm/dd/yy)	<b>Termination Date</b> (mm/dd/yy)	<b>Box 5 Current Yr W2 Salary (For Self-employed: Sch C net income)</b>	<b>Hours Worked</b> 1=less than 500 hrs 2=500-999 hrs 3=1000 hrs or more

**TRUST FINANCIAL INFORMATION**

Retirement Plan Name: \_\_\_\_\_

Valuation Date : \_\_\_\_\_

- ✓ If we do not already have copies of your brokerage/investment statements, please have your CPA complete this form OR provide the investment company's last month statement as of the valuation date. **Otherwise, there will be an additional charge of \$500 to complete the Trust Accounting**
- ✓ If any of these investments have been closed, transferred, paid off, etc. please make the proper notation in the account value column. Any new investment should be listed and then indicate its value as of the valuation date

Name of Plan Asset (example: Schwab Act # 12345)	Account Value as of Valuation Date	Notes

*If additional space is needed, attach another copy of this page*

**CONTRIBUTIONS:** Did you make or plan to make any CONTRIBUTION to this plan year? ( Y or N) \_\_\_\_\_

*If so, please complete below*

Contribution Amount	Date of Contribution	Notes

**DISTRIBUTIONS:** Did you make any DISTRIBUTION from this plan during the year? ( Y or N) \_\_\_\_\_

*If so, please complete below*

Distribution Amount	Date of Distribution	Notes

Completed by: \_\_\_\_\_

If we already have duplicate copies of statements, you do not have to complete this page



**ANNUAL REVIEW FORM**

Retirement Plan Name: \_\_\_\_\_  
*This form provides us with information on both the plan and the employer. It ensures continued IRS qualification of the plan.*

**A. SUMMARY OF EMPLOYER DATA**

Plan Year Ending (mm/dd/yy): \_\_\_\_\_ EIN: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_

CPA/Accountant Contact: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Verify/Correct the individuals who will be signing the 5500 below (please print the names).**

Employer/Plan Sponsor : \_\_\_\_\_ Plan Administrator : \_\_\_\_\_  
*Print Individual(s) name(s) Print Individual(s) name(s)*

**B. PLAN QUESTIONNAIRE**

Yes No

Any investment in limited partnership, real estate, collectibles, closely held stock, or assets that cannot be readily appraised?

**Are you a member of a Controlled Group of business? (if answered Yes, we will contact you for details)**  
*Your company or another is the common parent of a parent-subsidiary controlled group and/or is a member of a brother-sister controlled group*

**Are you a member of an Affiliated Service Group? (if answered Yes, we will contact you for details)**  
*Two or more organizations that have a service relationship and, in some cases, an ownership relationship*

**Do you have any leased employees?**

**Does the company maintain a cafeteria (Section 125) plan?**

**FOR 401(k) PLANS ONLY:** Did the employer fail to transmit to the plan any participant contributions within the maximum time period (as of the earliest date on which such contributions can reasonably be segregated from the employer's general assets)

**If you have eligible employees in the retirement plan, ERISA requires your plan to be insured by a fidelity bond:**  
Please give the name of the insurance carrier \_\_\_\_\_  
Amount of bond coverage \$ \_\_\_\_\_ *This amount should be for at least 10% of plan assets, but not less than \$1,000 and not more than \$500,000*



**B. PLAN QUESTIONNAIRE (continued)**

List all family members of shareholders/owners who are employed by the company:

Family Member's Name	Relationship
_____	_____
_____	_____

Provide the following information for all owners, shareholders, or officers of the company:

Name	Own %	Officer's Title	Director (Y/N)	If Ownership of Other Company; Company Name	Own%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Yes No

Did you or Will you be making any Company deposits into the plan for current plan year:

If you plan to make a contribution by the tax filing deadline:

Exact Dollar amount for the Fiscal Year End is \$\_\_\_\_\_

\_\_\_\_\_ % of all eligible compensation. Please calculate this amount

Please calculate the OPTIMUM percentage to maximize owners

Please calculate the MAXIMUM to all employees



**C. NOTICE OF INTENT TO REQUEST AN INCOME TAX FILING EXTENSION**

Has your company applied or intend to apply for an extension of time to file the federal income tax return for this Calendar/Fiscal year-end?                      Yes                      No

\*\*\*\*\*

**Please return this form to us signed and dated**

**I hereby certify that the information provided in this form and questionnaire for the preparation of the annual plan valuation are complete and accurate to the best of my knowledge.**

\_\_\_\_\_  
Trustee/Authorized Plan Representative

\_\_\_\_\_  
Date

