



6. Please list the names of employees who are related to individuals who own more than 1% of the Company:

Owner Name:	Employee (Relative's) Name:	Relationship to Owner:

7. Do any of the owner-employees own more than 20% of any other company?  No  Yes.

Owner Name:	Name of Other Owned Company:	Percent Owned:

**Plan Compliance Information:**

1. During the Plan Year, were any Plan Document amendments adopted?  No  Yes. If yes, please provide copies.

2. Please list the Plan Trustee(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Please list the plan contacts below, if applicable:

Plan Administrative Contact: \_\_\_\_\_

Plan Payroll Census Contact: \_\_\_\_\_

Plan Compliance: \_\_\_\_\_

4. Does the Company maintain any other retirement plan? (Please include "frozen plans.")  No  Yes If yes, please complete the following information:

Plan Name:	Year End:	Plan Number (001, 002, etc.):

---

## Employee Census Data

1. During the plan year, did any employees leave employment for, or been rehired from, military service?  No  Yes. If yes, identify these employees in the census data file.
2. During the plan year, did your company use any leased employees?  No  Yes If yes, please include and identify any leased employees in the census data file.
3. You are currently providing us with the cumulative data we require to perform the annual review and compliance testing of your plan. **Please verify that the attached census file information is accurate, including agreeing amounts to W-2's, payroll records, etc. Also, please make sure that the termination reason is given if for death, disability, or retirement.**

*If applicable, the compensation figures provided for the partners needs to be the partners' self-employment income. This is usually provided by your CPA and would be each partner's allocated income after allocation of non-partner employer contribution expenses as reported on box 14 of Schedule K-1, less Section 179 depreciation allowances, and less unreimbursed partnership expenses.*

---

## Authorizing Signature

*To the best of my knowledge, the above information is complete and accurate. I understand that this information is required to properly administer the Retirement Plan and inaccurate or incomplete information may result in the future disallowance of tax deductions for Plan contributions and possible disqualification of the Retirement Plan.*

---

Signature of Plan Contact

---

Dated