

Business Information (required)			
Name of Business:	<input type="text"/>		
Business Structure:	<input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input type="radio"/> C-Corporation <input type="radio"/> S-Corporation <input type="radio"/> LLC <input type="radio"/> LLP	<p style="color: red;">If you are an LLC or an LLP please select one of the following:</p> <input type="radio"/> Taxed as a Corporation <input type="radio"/> Taxed as a Sole Proprietor <input type="radio"/> Taxed as a Partnership	
Date Business Established:	<input type="text"/> (mm/dd/yy)		
Fiscal Year End:	<input type="text"/> (mm/dd)		
Please select the type of Plan that you would like to see illustrated: <input type="checkbox"/> 401(k) <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Defined Benefit <input type="checkbox"/> All			
Approximate Annual Contribution Budget:	\$ <input type="text"/> <input type="checkbox"/> Please calculate maximum		
Does the employer control over 50% of any other business organizations? <input type="radio"/> Yes <input type="radio"/> No (if "Yes" please complete and submit a second form)			
Does the employer maintain or has the employer ever maintained another retirement plan? <input type="radio"/> Yes <input type="radio"/> No If yes, please check all that apply (Please provide plan valuation)			
<input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) <input type="checkbox"/> Money Purchase <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Governmental Plan			

Please list any additional employee information here:

NOTES:

Your Name:	<input style="width: 95%;" type="text"/>																				
Your E-Mail:	<input style="width: 95%;" type="text"/>																				
Relationship to above business:	<input type="radio"/> Owner/Employee <input type="radio"/> Advisor																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Clear Form</td> <td></td> <td style="text-align: center;">Submit Form</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>												Clear Form		Submit Form						
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