



CONFIDENTIAL "REQUEST FOR PROPOSAL" EMPLOYER INFORMATION

PLEASE FAX/E-MAIL COMPLETED DOCUMENT TO:

FRESNO: (559) 436-4679 tom@pacetpa.com
LAS VEGAS: (702) 476-0924 rich@pacetpa.com

1. Full Legal Name of Employer: _____
 Contact Person at Employer: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____
 Mailing Address (if different from above): _____
 E-Mail Address: _____
 Phone () _____ Fax () _____

2. Contact Person for this Proposal: _____
 Contact Person's Company: _____
 Phone () _____ Fax () _____
 E-Mail Address: _____

3. Employer Tax ID#: _____ Employer Fiscal Year-End: _____
 Date of Incorporation or Commencement of Business: _____
 What Does Employer Do? _____
 "C" Corporation "S" Corporation Partnership 501(c)(3) Tax Exempt
 Labor Union Limited Liability Company Limited Liability Partnership
 Sole Proprietorship OTHER: _____
 If Incorporated, in which State: _____

4. List ALL Officers, Directors, Partners, and Stockholders:

	NAME	TITLE	OFFICER	DIRECTOR	PARTNER	% OF VOTING STOCK OWNED
A		President/Owner	YES NO	YES NO	YES NO	
B		Vice-President	YES NO	YES NO	YES NO	
C		Secretary	YES NO	YES NO	YES NO	
D			YES NO	YES NO	YES NO	
E			YES NO	YES NO	YES NO	

5. List ALL Related Family Members EMPLOYED:

	Spouse, Parents, Children of Owner(s) who are employed	Relationship to the Owner(s)
A		
B		
C		

6. Do you currently have or have you ever had any of the plan(s) listed below? YES NO

(If "YES", please specify which type(s) of plan(s))

- | | | | |
|---|---|---|-----------------------------|
| SEP IRA | <input type="checkbox"/> YES – still active | <input type="checkbox"/> YES – terminated on: _____ | <input type="checkbox"/> NO |
| SIMPLE | <input type="checkbox"/> YES – still active | <input type="checkbox"/> YES – terminated on: _____ | <input type="checkbox"/> NO |
| 401(k) and/or Profit Sharing Plan | <input type="checkbox"/> YES – still active | <input type="checkbox"/> YES – terminated on: _____ | <input type="checkbox"/> NO |
| Money Purchase and/or Target Benefit Plan | <input type="checkbox"/> YES – still active | <input type="checkbox"/> YES – terminated on: _____ | <input type="checkbox"/> NO |
| Defined Benefit Pension Plan | <input type="checkbox"/> YES – still active | <input type="checkbox"/> YES – terminated on: _____ | <input type="checkbox"/> NO |
| Cafeteria Plan (Flex-125 Plan) and/or HSA | <input type="checkbox"/> YES – still active | <input type="checkbox"/> YES – terminated on: _____ | <input type="checkbox"/> NO |

7. Do you have any Leased employees? YES NO

Do you have any Union employees? YES NO

8. Do the Owners of this Company (or any related family members) have ANY Ownership interest in any other businesses or business interests? YES NO

(If "YES", please list company name and percentage of ownership)

Company: _____ Ownership %: _____

Company: _____ Ownership %: _____

Company: _____ Ownership %: _____

Form Completed By: _____

Title: _____ Date: _____