

Qualified Plan Evaluation Form



Complete this form for your clients who are interested in establishing or updating a tax qualified plan

Referred By (Accountant): _____ Email _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

Business Name: _____ Website: _____

Address: _____

Contact Name: _____ Phone: _____

Contact Email Address: _____

Type of Business: C Corp. ___ S Corp. ___ LLC ___ Sole Prop. ___ Other _____

Existing or previous qualified plans: _____

Other business interests of owners: _____

Employee Census (attach additional sheets if necessary):

Name	Date of Birth	Date of Hire	Annual Compensation	Hours Per Week	Ownership %	Key Employee (Mark Y)

Funding Target Amount: \$ _____

Other Design Goals _____

Mail, Fax or Email this form to:

The Business Planning Group, 977 N. Main St. Waynesville, NC 28786, Phone (828) 558-2300, Fax (828) 558-2350

Email: Tony Brooks: tbrooks@bpg-online.com or Frank DeArmond: fdearmond@bpg-online.com