Qualified Plans Fact Finder

PENTEGRA

Name of Company/Business: _____

_____

Type of Entity: ❑ Sole Proprietorship ❑ C-Corporation ❑ S-Corporation ❑ Partnership
❑LLC Taxed as a Corporation ❑ LLC Taxed as Partnership ❑ Other _____

Business tax year ❑ January 1 to December 31 ❑ Other _____

Desired total Contribution Amount: _____
Initial Plan Tax Year for Deduction: ❑ 2025 ❑ 2026
Business Tax Return Filing Date for Initial Plan Tax Year: _____

Does the owner(s) have ownership in any other business(es)? ❑Yes ❑No **If yes, complete Fact Finder for each.**

If Yes: Business Name _____
Business Owners and % Ownership _____
Nature of Business Activity _____
Employees ❑ Yes Number _____

Do you currently have a qualified plan? ❑ Yes ❑ No
If "Yes," please indicate type ❑ Profit Sharing ❑ 401(k) ❑ 403(b) ❑ SEP-IRA ❑ SIMPLE
❑ Defined Benefit ❑ 412(e)(3) ❑ Cash Balance ❑ Money Purchase

If employer has Existing 401(k), Plan effective date: _____

☐ Safe Harbor
❑ Yes ❑ Match ❑ 3% Fail Safe
❑ No

Profit Sharing Allocation Formula
❑ Proportionate to Pay
❑ Permitted Disparity
❑ Age Based
❑ New Comparability
❑ Don't Know

Check all that apply

Business income is; ❑ variable ❑ Constant
Employer would prefer: ❑ flexible contributions ❑ Comfortable making fixed contributions
Desired contribution for owner: ❑ $72,000 or less ❑ $72,000 or more
☐ Interested in allowing employees to make before-tax contributions to the plan

If relatives of the business owner are employed in the business, please indicate who is related and the nature of the relationship (i.e., spouse, child, etc.). _____
Who does employer want to favor? _____

Please Provide Complete Census Information in Provided Excel File. For S and C Corporations, enter W-2 income; for Sole Proprietors, enter net Schedule C income; and for Partnerships, enter net K-1 income.

Advisor Contact Info:

Name: _____
Phone: _____ E-mail: _____
Additional Contact, if any: _____