

# COMPANY DATA

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ WebSite: \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Code: \_\_\_\_\_ Employer ID Number(EIN): \_\_\_\_\_ - \_\_\_\_\_

Date Business Began or Incorporated: \_\_\_\_/\_\_\_\_/\_\_\_\_ State of Incorporation: \_\_\_\_\_

Fiscal Year End: \_\_\_\_/\_\_\_\_ Accounting Method:  Cash  Accrual

Type of Entity:  Corporation  Sub-S Corporation  Sole Proprietor  
 Partnership  Limited Liability Corporation (LLC)

<u>OFFICERS</u>	<u>TITLE</u>	<u>PERCENT OF OWNERSHIP</u>
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Predecessor Entity:  YES  NO (If YES, complete below)

<u>Name of Entity</u>	<u>Owner(s)</u>	<u>Percentage of Ownership</u>
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## Controlled Group Determination

Do any of the Owners, listed in shaded box above (or the Spouse, Parents, Grandparents or Children of the Owners listed above) own any part of any other business? If Yes, please complete the section below.

<u>Name of Individual</u>	<u>Name of Business</u>	<u>Percentage of Ownership</u>
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Are any of the persons listed immediately above, participants in any other qualified plan sponsored by any of the companies which may be listed immediately above?  YES  NO (If YES, please complete below)

<u>Name of Plan</u>	<u>Type of Plan</u>
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Does the company listed in the shaded box above, share income with any other company?  YES  NO

If YES, please Explain: