



EMPLOYER STATUS REPORT

Please update the following information.:

1. Employer: _____
 Address: _____
 City, St. & Zip: _____
 Phone: _____ Fax: _____

2. Plan Contact: _____ Phone: _____ E-mail: _____

3. Employer EIN 4. Plan Year End 5. Fiscal Year End 6. Plan Number 7. IRS Business Code*

*Can be found on your company tax return.

8. Entity Classification: Regular Corporation LLC
 S Corporation LLP
 Partnership Tax-Exempt
 Sole Proprietorship Other (specify) _____

9. If LLC or LLP, specify federal tax election: Corporation Partnership

10. Date incorporated (if applicable): _____ State in which incorporated: _____

11. Federal income tax accounting basis: Cash Accrual

12. Date business commenced: _____

13. Nature of business: _____

14. Owners/Principals:

<u>Name</u>	<u>Title</u>	<u>Ownership %</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach additional names and ownership percentages as necessary. Be sure to list all owners including any trusts, estates, partnerships, corporations, etc. Ownership should total 100%. If equity or profit ownership is different from above percentages, please contact us.)

15. Accountant: _____
Firm: _____
Address: _____
Phone/Fax: _____ E-mail: _____

16. Attorney: _____
Firm: _____
Address: _____
Phone/Fax: _____ E-mail: _____

17. Investment Advisor/Broker: _____
Firm: _____
Address: _____
Phone/Fax: _____ E-mail: _____

18. Plan Trustee(s): _____

19. Is the Employer a member of a "controlled group" or "affiliated service group"? For example, does the Employer and another business entity share common ownership or regularly perform services together for third parties?

Controlled Group: Yes *(If yes, please provide a list of names of companies, owners and ownership percentages.)*
 No
 Uncertain *(Please contact us immediately.)*

Affiliated Service Group: Yes *(If yes, please provide a list of names of companies and their relationship.)*
 No
 Uncertain *(Please contact us immediately.)*

20. Subsidiary and Affiliated Corporations:

List the name of each subsidiary and affiliate and indicate relationship

21. Does the Company employ any "family" members of an owner/shareholder?

No Yes. Please provide names and relationship below.

22. Do any of the owners/shareholders of the employer own all or a part of any other trade or business?

- No
 Yes. Please provide details below.

<u>Owner/Shareholder</u>	<u>Name of Entity</u>	<u>% Ownership</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Has the employer issued stock options or does any individual have an option to purchase stock?

- No Yes

24. Does the Employer or any member of the Controlled/Affiliated Service Group sponsor any other retirement plan that will not be administered by Louis Kravitz & Associates, Inc.?

- No Yes

If yes, please provide name(s) and type of plan(s). _____

25. Are there employees in addition to those shown on the employee census listing, for example, union employees or leased employees (including employees from a management company/PEO)?

- No Yes (If "Yes", attach list of other employees and specify classification.)

26. Did the Employer sponsor a §125 Cafeteria Plan during any part of the plan year?

- No Yes (If "Yes", please include §125 deferrals on the employee census.)

27. For existing 401(k) plans, were 401(k) deferrals deposited into the trust as soon as possible following payday (i.e., within a week)?

- Yes No N/A (If "No", please provide us with the payday(s) and corresponding list of contribution amounts with deposit dates in order to determine if a prohibited transaction has occurred and if the employer must pay a penalty tax.)

28. If the plan covers employees other than 100% owners, partners of a partnership, or their spouses, the plan is required to be covered by a fidelity/surety bond. Provide the information below regarding the bond. If you sponsor more than one plan, and you have separate bonds for each plan, please provide information on each bond.

Name of Surety Company: _____

Amount of Coverage: _____

Expiration Date: _____

If you sponsor more than one plan, are all plans listed on the same bond? Yes No

The required amount of your bond depends on the amount and type of assets in the plan. Please refer to item 4 of the "Additional Required Trust Information" attachment for further information.

29. Do you have fiduciary liability insurance? Yes No

30. Does the plan(s) have a written investment policy statement about how plan assets are invested?

- Yes No

31. Do a substantial number (e.g. 25%+) of your employees speak a primary language other than English?
 Yes No

32. Predecessor organization(s) (if any):

Name: _____

Date incorporated or date business commenced: _____

Type of Entity (see Item 8): _____

Date of transfer: _____

33. Has the Company, any Predecessor Organization, or any member of a controlled group or affiliated service group ever maintained any pension or profit sharing plan (including Keoghs or SEPs)?

No

Yes. Please provide details below.

<u>Company Name</u>	<u>Plan Type</u>	<u>Date Terminated</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Completed by: _____

Date: _____