

# QUESTIONNAIRE - 1

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

1. What is your company entity type?

C-Corporation

LLC Taxed as Corp

S-Corporation

LLC Taxed as Partnership

Sole Proprietorship

Partnership

Other: \_\_\_\_\_

2. Have you filed or are you planning to file an extension for the Plan Sponsor's Tax Return?  Yes  No

3. **Ownership:** What is the Ownership Percentage Breakdown amongst all the individuals that own this company? (If more than 4 owners, please provide attachment).

Name:

Ownership%


4. **Family Relationship:** Please list any relationships to owners (i.e. spouse, children, parents, grandparent, grandchild, siblings):

Name of Owner:

Name of Relative:

Relationship to Owner:


5. **Other Ownership:** Do any of the owners listed above, spouses, children, parents, grandparents, or grandchildren own 1% or more of any other companies?  Yes  No

If Yes, please indicate the name of the owner or spouse, the name of the company, their ownership percentage, and if these companies have employees. **It is important to complete this section as it helps us determine if there are controlled groups to consider for compliance.**

Name:

Name of Company:

Owner  
%

Check if  
have EE's

			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

# QUESTIONNAIRE - 2

6. **Service Organizations:** Does your firm provide management services for any Service or Professional Organizations? Yes No

If "Yes" please contact your consultant or administrator.

7. **Officers:** Please list any executive with management authority who shares legal liability for his/her company's actions:

<u>Name of Officer:</u>	<u>Title:</u>
_____	_____
_____	_____
_____	_____

8. **Leased/Independent Contractor Employees:** Do you employ any Leased or Independent Contractors receiving 1099? Yes No

If "Yes", Please attach a list of the Leased Employees and/or Independent Contractors receiving 1099's providing the services they provide and their hours worked per week.

9. **Fidelity Bond Information:** Please provide information about the current fidelity bond covering the assets of your plan(s). If the bond has been renewed since the previous year, please provide a copy of the confirmation from your insurance company.

Name of Bonding Company: \_\_\_\_\_

Amount of Bond: \_\_\_\_\_

Bond Expiration Date: \_\_\_\_\_

10. **Unqualified Assets:** Did the plan hold any assets whose current market value is neither readily determinable on an established market and/or must be determined by an independent appraiser? Yes No

11. **Other Retirement Plans:** Do you sponsor any other Retirement Plans (i.e. 401k, DB, SEP, Simple) in addition to this plan that is not with The Ryding Company as TPA? Yes No

If "Yes", Please indicate the name of the plan:

\_\_\_\_\_

12. **Guild Plans:** Do you participate in any Guild Plans? (i.e. Director's Guild, Writer's Guild, AFTRA-SAG). Yes No

13. **Insurance Contracts:** Are there Insurance Contracts as assets in your Plan? Yes No

# QUESTIONNAIRE - 3

14. **Defined Benefit Contributions:** What is the desired contribution amount for your Defined Benefit Plan? \_\_\_\_\_ or  N/A

15. **ER Profit Sharing Contributions:** If the plan permits a discretionary Employer Profit Sharing Contribution, will you be making a contribution for this plan year?  
 Yes  No Amount of Contribution \_\_\_\_\_  
 N/A this is a DB Only Plan

16. **401(k) Matching Contributions:** If the plan permits a discretionary Employer Matching Contribution, will you be making a contribution for this Plan Year?  
 Yes  No  
 N/A this is a DB Only Plan

If "Yes", please indicate the formula used: \_\_\_\_\_  
Match was made on:  Payroll-by-Payroll Basis  
 Annual Basis

17. **Late Deposits 401(k) Deferrals/Loan Repayments:**

Regulations state that 401(k) deferrals and loan payments withheld from an employee's pay must be deposited as soon as possible. Excise taxes and other penalties can be assessed for late payments and can open the plan to further scrutiny by the DOL and IRS. If there are any questions, please call your plan administrator.

For this plan year, did the employer fail to transmit to the plan any participant contributions and/or loan repayments as soon as possible?  
 Yes  No  
 N/A this is a DB Only Plan

If "Yes", please contact your consultant or administrator for details on steps for correction.

18. **Loans in Default:** Do you know of any loans that have defaulted during the Plan Year? (Loans in default are participant loans that have not received payment as of the quarter following the last payment made.)  Yes  No  N/A

If "Yes", please contact your consultant or administrator for details on steps for correction.

# QUESTIONNAIRE - 4

19. **Payroll Vendor:** Who is your payroll provider?

In House

Other: \_\_\_\_\_

20. **Advisor/CPA Information:**

The ability to contact Financial Advisors and CPA's can allow us to communicate effectively and efficiently amongst all of the associated parties for the Retirement Plan(s). Please provide for us the contact information to your Financial Advisor and CPA to help us better gather data and communicate for the benefit of your retirement plan(s).

**Advisor/CPA Name(s):**

**Phone Number:**

**Email:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Prepared By:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_