## Third Stone Plans

Qualified Plan Design, Administration \& Consulting for Owner-Only Businesses

## Quik-Calc Data Request Form

## Employer Information

Business Name
E-Mail Address
Entity Type

Current Plans
 No Plan


Partnership


C Corporation
S Corporation
 Sole Proprietorship


Limited Liability Company


Limited Liability Company, S-election
$\square$ Cash Balance or Defined Benefit ${ }{ }^{1}$
$\square$ §401(k) Profit Sharing ${ }^{1}$ $\square$ Cash Balance \& §401(k) Combination ${ }^{1}$

¹Annual employer contribution rate as a percent of payroll:
${ }^{1}$ Annual match rate as a percentage of $\S 401(\mathrm{k})$ deferrals (if applicable):
If you're unincorporated, enter your average annual net profit²:
${ }^{2}$ Expected gross profit less all expected expenses except qualified plan contributions
Does any owner or owner's relative own another business? $\square$ No $\square$ Yes (see pg. 2)

Owner Census

| Owners | Related To? <br> e.g.: Spouse of 02 | Birth <br> Date | Hire <br> Date | This Year | Prior Year 1 | Prior Year 2 | Prior Year 3 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\mathbf{1}$ |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |

## Related Employers

| Related Employer Name: | Owner \# 1 | \% |
| :---: | :---: | :---: |
| EIN: | Owner \#2 |  |
|  | Owner \#3 |  |
| Business Entity Type: |  | \% |
| $\square$ C Corp. $\square$ s Corp. $\square$ LLC/LLP <br> $\square$ Partnership $\square$ Sole Prop. $\square$ LLC/LLP (S) | Owner \#4 | \% |

Describe the relationship between this entity and the other Employers listed:

| Related Employer Name: | Owner \#1 |  | \% |
| :--- | :--- | :--- | :---: |
|  |  |  |  |
| EIN: |  | Owner \#2 |  |
|  |  | Owner \#3 | \% |
|  | $\square$ LLC/LLP |  | Owner \#4 |
| $\square$ Partnership $\square$ Sole Prop. | $\square$ LLC/LLP (S) |  |  |

Describe the relationship between this entity and the other Employers listed:

| Related Employer Name: |  | Owner \# 1 | \% |
| :---: | :---: | :---: | :---: |
|  |  | Owner \#2 |  |
|  |  | Owner \#3 |  |
| Business Entity Type: |  |  | \% |
| $\square$ C Corp. $\square$ S Corp. | $\square$ LLC/LLP | Owner \#4 |  |
| $\square$ Partnership $\square$ Sole Prop. | $\square$ LLC/LLP (S) |  | \% |

Describe the relationship between this entity and the other Employers listed:

