



**Fred S. Shapiro
& Associates, Inc.**
PENSION CONSULTANTS

BUSINESS INFORMATION REPORT

Name of Business: _____

Address: _____ Telephone: () _____

County: _____

Date Business Started or Incorporated: _____

Fiscal Year End: _____

Employer I.D. #: _____ Close or Regular Corporation: _____

Type of Plan: _____ Consultant: _____

OWNERS OWNERSHIP Business Code #: _____

_____ % Title: _____

_____ % Title: _____

_____ % Title: _____

_____ % Title: _____

DIRECTORS (if applicable):

TRUSTEES:

_____	_____
_____	_____
_____	_____
_____	_____

Name of other existing qualified plan, if any: _____

Name of other commonly controlled business or affiliated service organization: _____

Do you have a Cafeteria Plan? (Section 125, Premium Only, Flexible Spending) Yes _____ No _____